

**EOR Employee
Emergency Information Form**

This sheet is to be updated annually or sooner if changes are to be made.

Employee Name: _____

Street Address _____ City _____ State _____ Zip _____

Preferred contact after work hours: Home Cell (circle one)

Home Phone Number: _____ Cell Phone Number: _____

Personal email: _____

Emergency Contact Information

Name: _____ Relationship: _____

Daytime Phone Number: _____ Evening Phone Number: _____

Cell Phone Number: _____

Optional - Medical Information to be disclosed to emergency personnel:

Employee Medical Conditions

Allergies

Medications

I acknowledge that my medical information as above may be released to:

_____ (initials) emergency personnel

_____ (initials) emergency contact person

Employee Signature: _____ Date: _____