Employee Emergency Contact Form

This information is used only to contact someone on your behalf in an emergency at work or if we cannot reach you. It is not a beneficiary designation for life insurance or retirement plans. The medical section is optional. Please update this form whenever your contacts change.

EMPLOYEE INFORMATION

Full name

Preferred name

Employee ID

Department / team

Site / work location

Work arrangement

☐ On site ☐ Remote ☐ Hybrid ☐ Field / mobile

Home address (used if we need to request a welfare check)

Personal mobile phone

Preferred language for emergency contact

PRIMARY EMERGENCY CONTACT

Full name

Relationship to employee

Mobile phone

Alternate phone

Email

Best times to reach

Language spoken, if not English

SECONDARY EMERGENCY CONTACT

Full name

Relationship to employee

Mobile phone

Alternate phone

Email

Language spoken, if not English

OPTIONAL MEDICAL INFORMATION (VOLUNTARY)

I choose to share medical information that could help emergency responders

☐ Yes ☐ No, leave this section blank

Allergies (medication, food, insect stings)

Medical conditions responders should know about (for example diabetes, epilepsy, heart condition)

Location of emergency medication carried at work (for example epinephrine auto-injector, inhaler)

Physician name and phone

Preferred hospital

CONSENT AND SIGNATURE

☐ I confirm that the people listed have agreed to be my emergency contacts, and I authorize [Company Name] to contact them and to share relevant information with them and with emergency responders if I am injured, ill or cannot be reached.

Employee signature

Date

Date

HR USE ONLY

Received by

Date entered in HRIS

☐ Medical section stored separately from personnel file

Next review date (12 months)