EMERGENCY INFORMATION FORM

The information on this form will be kept strictly confidential to be used only in the event of your death or serious illness/accident.

Name of Employee: _____

Department/Program: _____

Employee Number: _____

Name of Nearest Next of Kin: _____

Relationship: _____

Home Address: _____

Home Phone: _____

Work Phone: _____

Person to Contact In case of Emergency: _____
(if different from above)

Relationship: _____

Home Address: _____

Home Phone: _____

Work Phone: _____

Please specify any allergies, high/low blood pressure, medications, or anything that would help assist us in case of an emergency.

*Signature:*_____ *Date:* _____