



## Employee Emergency Contact Form

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Name: \_\_\_\_\_

Department: \_\_\_\_\_

### Personal Contact Info:

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

### Emergency Contact Info:

(1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work Telephone #: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work Telephone #: \_\_\_\_\_

### Medical Contact Info:

Name of Primary Care Doctor: \_\_\_\_\_

Phone #: \_\_\_\_\_

I have voluntarily provided the above contact information and authorize Affordable Inn's and its representatives to contact any of the above on my behalf in the event of an emergency.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_