
EMERGENCY CONTACT INFORMATION

In case of emergency, I would like the District to attempt to contact the following individual(s):

Primary Contact:

Name: _____ **Home Phone:** _____
Address: _____ **Work Phone:** _____
_____ **Cell Phone:** _____
Relationship: _____

Alternate Contact:

Name: _____ **Home Phone:** _____
Address: _____ **Work Phone:** _____
_____ **Cell Phone:** _____
Relationship: _____

EMPLOYEE NAME

DATE _____

SIGNATURE

NOTE: IT IS IMPORTANT THAT YOU UPDATE THIS FORM WHEN CHANGES OCCUR THAT WOULD AFFECT WHO YOUR EMERGENCY CONTACT IS.