This form collects emergency contact information to ensure prompt communication in case of emergencies. Please provide accurate and up-to-date details.

**Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: | [Insert Full Name] | Job Title: | [Title] |
| Employee ID: | [Emp ID] | Department: | [Department] |
| Phone Number: | [Insert] | Email Address: | [Insert] |
| Marital Status: | ☐ Single ☐ Married ☐ Other | | |

**Primary Emergency Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: | [Insert Full Name] | Relationship to Employee: | ☐ Spouse ☐ Parent ☐ Sibling ☐ Friend ☐ Other |
| Phone Number (Primary): | [Insert] | Phone Number (Alternate): | [Insert] |
| Address: |  | | |
| Email Address (optional): |  | | |

**Secondary Emergency Contact (Optional)**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: | [Insert Full Name] | Relationship to Employee: | ☐ Spouse ☐ Parent ☐ Sibling ☐ Friend ☐ Other |
| Phone Number (Primary): | [Insert] | Phone Number (Alternate): | [Insert] |
| Address: |  | | |
| Email Address (optional): |  | | |

**Medical or Special Information (Optional)**

|  |  |  |  |
| --- | --- | --- | --- |
| Any Known Allergies: |  |  |  |
| Significant Medical Conditions (if any): |  |  |  |
| Additional Notes: |  | | |

**Acknowledgment**

I confirm that the information provided above is accurate and will notify the HR department if any changes occur.

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Signature: |  | Date: |  |