



EMPLOYEE EMERGENCY CONTACT FORM

(Please Print)

Last Name _____ First _____ MI _____

Building/Department _____

Demographic Information:

Home Address _____

City _____ State _____ Zip _____

Home Phone # () _____ Cell # () _____

Emergency Contact Information:

1. Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone # () _____ Cell # () _____

Work # () _____ Employer _____

2. Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone # () _____ Cell # () _____

Work # () _____ Employer _____

Medical Contact Information

Doctor Name _____ Phone # () _____

Dentist Name _____ Phone # () _____

I have voluntarily provided the above contact information and authorize the Jennings School District to contact any of the above on my behalf in the event of an emergency.

____ I choose not to furnish any emergency contact information to the Jennings School district at this time.

Employee Signature _____ Date _____