

Emergency Notification Form

The Emergency Notification Form is kept in your personnel file so we as an employer have a contact in case you become ill or in case of an accident or emergency. We need to have this information kept current so if a contact changes, please fill out a new form.

Employee Name: _____

1. Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

2. Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

3. Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Physician Name: _____

Physician Address: _____

Physician Phone: _____

Preferred Hospital: _____ Insurance: _____

Known allergies and other vital information: _____

Blood Type: _____

Organ Donor: **Yes/No**

In case of a dire emergency you may want us to notify your place of worship. If you want, fill out the information below, however you are under no obligation to do so:

Religious Affiliation: _____

Place of Worship: _____ Church Phone: _____

In the event that you are incapacitated or deceased, whom from the City would you want to notify your family?

Employee Name: _____

Employee Name: _____