



**EMPLOYEE EMERGENCY CONTACT FORM**

**EMPLOYEE INFORMATION**

Employee Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Telephone \_\_\_\_\_ Cellular Telephone \_\_\_\_\_

Which Telephone Number should be Primary? \_\_\_ Home or \_\_\_ Cellular

**EMERGENCY CONTACT INFORMATION** In case of an emergency, please list individuals we may contact.

1.) Name \_\_\_\_\_

Primary Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

2.) Name \_\_\_\_\_

Primary Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

**MEDICAL INFORMATION**

Physician's Name and Location \_\_\_\_\_ Phone \_\_\_\_\_

Hospital of Choice (*emergency responders may override choice*) \_\_\_\_\_

**PLEASE READ BEFORE SIGNING FORM**

I certify that I have voluntarily provided the above information and authorize the Hamilton Wenham Regional Public Schools and its representatives to contact any of the above individuals and medical providers on my behalf in the event of an emergency. I also understand that it is my responsibility to keep this information current.

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