



EMERGENCY CONTACT FORM

IN CASE OF EMERGENCY

EMPLOYEE INFORMATION

Name	
Department	
Home Address	
City, State, ZIP	
Home Phone #	
Cell Phone #	

EMERGENCY CONTACT INFORMATION:

(1) Name		Relationship	
Address			
City, State, ZIP			
Home Phone #		Cell Phone #	
Work Phone #		Employer	
(2) Name		Relationship	
Address			
City, State, ZIP			
Home Phone #		Cell Phone #	
Work Phone #		Employer	

MEDICAL CONTACT INFORMATION:

Doctor Name		Medical Practice	
Address			
City, State, ZIP			
Phone #			
Dentist Name		Dental Practice	
Address			
City, State, ZIP			
Phone #			

____ I have voluntarily provided the above contact information and authorize the Town of Nashville and its representatives 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 Town of Nashville at this time.

Employee Signature: _____ Date: _____

HR Use Only	Date Received:	Date Entered:
----------------	----------------	---------------