



Emergency Contact Form
Office of Human Resources

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

E-Mail Address: _____

List the names and telephone numbers of two individuals you would like us to contact in the event of an emergency:

Primary Emergency Contact: _____ **Relationship:** _____

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Contact Number #: _____

Secondary Emergency Contact: _____ **Relationship:** _____

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Contact Number #: _____

I authorize you to contact the above persons in the event of an emergency involving my care. If this information changes in the future, I will sign on to Skyward Employee Access to update this information.

Employee Signature

Date

HR USE ONLY:

Date Entered: _____

HR Analyst: _____