

# EMPLOYEE EMERGENCY INFORMATION FORM INSTRUCTIONS

1. Note: you will need the most current version of Adobe Reader to fill out this form.
2. To insert your passport photo, click on the square and navigate to your photo. Your photo needs to be approximately 200 X 200 pixels and under 4 kbs. If your photo needs to be resized, do this in another program before inserting it into this form.
3. In the last box on page 2, write your organization's name in the blank field included in the wording "I have voluntarily provided the above contact information and authorize \_\_\_\_\_ and its representatives to contact any of the above on my behalf in the event of an emergency."
4. After completing the form be sure to save it, and then print it. Include your signature in the designated area at the bottom of page 2. Next, send the form to your organization's designated individual or department. Keep one printed copy on file for your own records.
5. To email the completed form, first save your form by going to File>>Save As, then indicate where you would like it saved. Once your form is saved, go to File>>Attach to email.

# EMPLOYEE EMERGENCY INFORMATION

Last Updated: \_\_\_\_\_

Click to Insert  
Passport Photo

## PERSONAL INFORMATION

**First, Middle, Last Name:** \_\_\_\_\_

Department: \_\_\_\_\_

DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Identifying Scars/Tattoos: \_\_\_\_\_

**Spouse Name:** \_\_\_\_\_

**Passport (10 Yr) Number:** \_\_\_\_\_

Country of Issue: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

**Passport (2 Yr) Number:** \_\_\_\_\_

Country of Issue: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_

State/Country of Issue: \_\_\_\_\_

International Driver's License:    Y    N

**Home Address:** \_\_\_\_\_ Home Telephone: \_\_\_\_\_

\_\_\_\_\_ Cellular: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

## EMERGENCY CONTACT (1):

**Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cellular: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## EMERGENCY CONTACT (2):

**Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cellular: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**Alert Code** (1 to 2 word max): \_\_\_\_\_  
**SOS Member Number:** \_\_\_\_\_

**PRIMARY CARE PHYSICIAN**

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
\_\_\_\_\_ **Email:** \_\_\_\_\_

**HEALTH INSURANCE**

**Policy No:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
\_\_\_\_\_ **Email:** \_\_\_\_\_

**DENTAL INFORMATION**

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
\_\_\_\_\_ **Email:** \_\_\_\_\_ **Policy No:** \_\_\_\_\_

**KNOWN MEDICAL CONDITIONS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRESCRIPTIONS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL INSTRUCTIONS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have voluntarily provided the above contact information and authorize \_\_\_\_\_  
and its representatives to contact any of the above on my behalf in the event of an emergency.  
**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_