

Employee Emergency Contact Form

Employee Name: _____

Emergency Contact Info:

(1) Name: _____ Relationship: _____

Address: _____

City, State, ZIP: _____

Home Telephone# _____ Cell# _____

Work Telephone# _____ Employer: _____

(2) Name: _____ Relationship: _____

Address: _____

City, State, ZIP: _____

Home Telephone# _____ Cell# _____

Work Telephone# _____ Employer: _____

Medical Contact Info:

Doctor Name: _____ Phone# _____

Dentist Name: _____ Phone# _____

I have provided the above contact information and authorize AMP United, LLC and its representatives to contact any of the above on my behalf in the event of an emergency.

Employee Name: _____

Employee Signature: _____

Date: _____