

## ***Employee Emergency Information Sheet:***

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

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

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

Cell Phone: \_\_\_\_\_

### **Who to Contact in Case of Emergency:**

#### **Contact # 1**

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

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

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

Cell Phone: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

#### **Contact # 2**

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

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

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

Cell Phone: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

**Comments:** *(Include any medical or personal information you want an emergency provider to know.)*

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In the event of an emergency, I authorize Chautauqua-Cattaraugus Library System to notify the emergency contacts I have listed above.

Employee Signature

Date

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