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 t	o know.)
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In the event of an emergency I authorize Library to notify the emergency contacts I habove.	ıave listed
Employee Signature Date	