

# Employee Emergency Contact Form

## Memorial United Methodist Church

Name: \_\_\_\_\_  
Department: \_\_\_\_\_ Hire Date: \_\_\_\_\_

### Home Information

In case of emergencies due to weather conditions:

Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cellular Telephone: \_\_\_\_\_  
Personal Email Address: \_\_\_\_\_

### Primary Emergency Contact

Contact Name: \_\_\_\_\_  
Relationship to Contact: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Secondary Emergency Contact

Contact Name: \_\_\_\_\_  
Relationship to Contact: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Additional Information (Voluntary)

Allergies (Food, Medication, Insects, Etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Alert(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Additional Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_