



Emergency Contact Information

Employee Name: _____

Primary Emergency Contact

Contact Name: _____

Relationship to Contact: _____

Home Phone: _____ Cellular Phone: _____

Work Telephone: _____ Email: _____

Secondary Emergency Contact

Contact Name: _____

Relationship to Contact: _____

Home Phone: _____ Cellular Phone: _____

Work Telephone: _____ Email: _____

Additional Information (Voluntary)

Allergies (Food, Medication, Insects, Etc.): _____

Medical Alert(s): _____

I authorize Taft College to disclose emergency information to the contacts listed above and relay medically necessary information, included HIPPA protected, provided on this form to first responders as necessary to protect my health and safety.

Signed: _____

Date: _____