



EMERGENCY CONTACT

EMPLOYEE

Full Name: _____

Phone #: _____

PRIMARY EMERGENCY CONTACT

Full Name: _____

Relation: _____

Phone #: _____

SECONDARY EMERGENCY CONTACT

Full Name: _____

Relation: _____

Phone #: _____

AUTHORIZATION TO CALL EMERGENCY CONTACTS

In the event of a medical emergency or missing-person report, the College may call the above contacts.

Signature

Date