

**Emergency Contact Form**

\* This information will remain confidential

Contact Information	
<b>1<sup>st</sup> Emergency Contact</b>	<b>2<sup>nd</sup> Emergency Contact</b>
Name:	Name:
Relationship to you:	Relationship to you:
Contact No. 1:	Contact No. 1:
Contact No.2:	Contact No.2:
Medical History	
Write below if you have any allergic reactions, medical conditions or are taking any medication, which we should know about.	
Confirmation	
I certify that the above details are accurate and I will inform the HR Representative of any future changes.	
Name:	Date:    /    /
Position	Department:
Signature:	