New Emergency Hire Contact Form

Employee Information

- **Full Name:** _____
- **Job Title/Department:** _____
- **Employee ID (if applicable):** _____
- **Phone Number:** _____
- **Email Address:** _____

Primary Emergency Contact

- **Full Name:** _____
- **Relationship to Employee:** _____
- **Phone Number (Primary):** _____
- **Phone Number (Secondary):** _____
- **Email Address:** _____

Secondary Emergency Contact *(Optional but recommended)*

- **Full Name:** _____
- **Relationship to Employee:** _____
- **Phone Number (Primary):** _____
- **Phone Number (Secondary):** _____
- **Email Address:** _____

Medical Information *(Optional – to assist in emergencies)*

- **Allergies or Medical Conditions:** _____

- **Current Medications (if any):** _____

- **Primary Care Physician:** _____

- **Physician Phone Number:** _____

Employee Authorization

I authorize [Company Name] to contact the emergency contacts listed above in case of an emergency. I confirm that the information provided is accurate to the best of my knowledge.

- **Employee Signature:** _____

- **Date:** _____