

Employee Emergency Contact Form

Name: _____

Department: _____ 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)

Medical Information

Doctor's name	
Address	
Phone number	
Blood type	
Medical conditions	
Allergies	
Current medications	

I acknowledge that I am voluntarily providing the above information for the limited purpose of aiding me in the event of a work related emergency and for no other purpose. I hereby consent to the disclosure of the information contained herein for the purpose stated herein and I hereby waive and release _____ Public Power District, it's directors, officers, other employees, and agents or attorneys from any and all liability under any law that prohibits the disclosure of this information for the purpose stated herein. This consent does not extend beyond work related emergencies.

EMPLOYEE SIGNATURE _____

DATE: _____