



EMPLOYEE EMERGENCY CONTACT INFORMATION

PERSONAL INFORMATION

| | | |
|------------------|------------|----------------|
| Last Name | First Name | Middle Initial |
| | | |
| Home Address | | |
| | | |
| City | State | Zip |
| | | |
| Home Telephone # | Mobile # | |
| | | |

CONTACT INFORMATION

Family and friends you would like the department to contact. Please list in the order you want them contacted. If needed, provide additional names on the back of this sheet.

| | | |
|------------------|--------------|------------------|
| Name | Relationship | |
| | | |
| Address | | |
| | | |
| Home Telephone # | Mobile # | Work Telephone # |
| | | |

| | | |
|------------------|--------------|------------------|
| Name | Relationship | |
| | | |
| Address | | |
| | | |
| Home Telephone # | Mobile # | Work Telephone # |
| | | |

MEDICAL CONTACT INFO

| | |
|--------------|---------|
| Doctor Name | Phone # |
| | |
| Dentist Name | Phone # |
| | |

I have voluntarily provided the above contact information and authorize the City of Norcross and its representatives to contact any of the above on my behalf in the event of an emergency.

Employee Signature _____ Date _____