EMERGENCY CONTACT FORM

This form is for: [ ] an employee [ ] a student or child [ ] a volunteer [ ] a tenant [ ] someone else

This Emergency Contact Form lists the people _____ should contact if the person named below is injured, becomes ill or has another emergency.

1. PERSONAL INFORMATION

Full name: _____

Job title, department, grade, class or role: _____

Employer, school, organization or landlord: _____

Home address: _____

Phone: _____ Email: _____

Parent or guardian completing this form (student or child): _____ Relationship: _____

Date completed: _____

2. EMERGENCY CONTACTS

Please call these people in the order listed.

Primary contact: _____ Relationship: _____

Phone: _____ Alternate phone: _____

Email: _____ Best time to reach: _____

Second contact: _____ Relationship: _____

Phone: _____ Alternate phone: _____

Email: _____ Best time to reach: _____

Third contact: _____ Relationship: _____

Phone: _____ Alternate phone: _____

Email: _____ Best time to reach: _____

3. DOCTOR AND INSURANCE

Primary doctor: _____ Doctor's phone: _____

Health insurance carrier: _____ Group number: _____

This general template is provided for informational purposes only and does not constitute legal advice. Requirements vary by state and locality; review current law and attach any disclosures or addenda your situation requires before signing. For a guided state-specific document, visit lawvault.org.

4. MEDICAL INFORMATION

Sharing medical information on this form is voluntary. Any line below may be left blank.

[ ] I choose not to list medical information on this form.

Allergies: _____

Medical conditions: _____

Medications: _____

5. OTHER INFORMATION FOR RESPONDERS

_____

_____

6. USE AND CONFIDENTIALITY

The information on this form is to be used to reach the people listed and to help emergency responders. It is to be shared only with people who need it for those purposes or when the law requires it. An employer keeps any medical information on this form confidential and stores it separately from personnel files.

7. CONSENT TO SHARE INFORMATION (OPTIONAL)

[ ] I agree that the organization named above may give the information on this form, including any medical information, to emergency medical personnel, treating health care providers and the people listed as emergency contacts, so they can help in an emergency. If I am signing for a student or child, I am the parent or legal guardian.

This consent does not authorize medical treatment. It lasts until it is withdrawn in writing or replaced by a newer form.

8. UPDATES

This form replaces any earlier emergency contact form for the person named above. A newer dated form replaces this one.

SIGNATURES

Signed by (optional; the person, or a parent or guardian)

Signature: _____ Date: _____

Printed Name: _____

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