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| **Employee Emergency Contact Sheet**  ***About this form:*** The information provided on this form will be used in an emergency only, to notify specified individual(s) of a serious illness, injury, or incident. This information will remain confidential.  *Submit a new form if this information changes.* *Email to* [*deshr@des.wa.gov*](mailto:deshr@des.wa.gov) *or send a paper copy to Mailstop 41407.* |
| **EMPLOYEE INFORMATION** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** | **Personnel #:** | | **Division:** | |
| **Home Address:** | | **City:** | | **State/Zip:** |
| **Home Phone #:** | | **Cell Phone #:** | | |
| **EMERGENCY CONTACT INFORMATION** (list in the order to be contacted) | | | | |
| **1st Emergency Contact** | | | | |
| **Name:** | | **Relationship:** | | |
| **Home Phone #:** | | **Cell Phone #:** | | |
| **Address:** | | **City, State, Zip:** | | |
| **2nd Emergency Contact** | | | | |
| **Name:** | | **Relationship:** | | |
| **Home Phone #:** | | **Cell Phone #:** | | |
| **Address:** | | **City, State, Zip:** | | |
| **3rd Emergency Contact** | | | | |
| **Name:** | | **Relationship:** | | |
| **Home Phone #:** | | **Cell Phone #:** | | |
| **Address:** | | **City, State, Zip:** | | |

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| --- | --- |
| **Date Signed** | **Employee’s Signature** |
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If you choose to provide additional medical information, please complete the back side of this form.

This medical information will be accessible in a medical or potentially life-threatening EMERGENCY ONLY, to notify paramedics/emergency response, and/or specified individual(s).

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| **Additional Information (voluntary)** |
| **Please list any health considerations or any information you would like an emergency care provider to know in case of emergency (food/drug/insect allergies, current medications, diabetes, epilepsy, etc.)** |
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