

EMERGENCY CONTACT FORM



EMPLOYEE CONTACT INFO:			
Employee Name:			
Employee Home Address:			
In case of emergencies and / or scheduling concerns, call the number(s) listed below to reach me:			
Phone 1:		Phone 2:	
Personal Email Address:			
PRIMARY EMERGENCY CONTACT INFO			
Primary Contact Name:			
Primary Contact Relationship to Employee:			
In case of emergencies and/or the inability of the agency to reach me with critical information, call the number(s) listed below:			
Phone 1:		Phone 2:	
Primary Contact Email Address:			
SECONDARY EMERGENCY CONTACT INFO			
Secondary Contact Name:			
Secondary Contact Relationship to Employee:			
In case of emergencies and/or the inability of the agency to reach me or my Primary Emergency Contact with critical information, call the number(s) listed below:			
Phone 1:		Phone 2:	
Secondary Contact Email Address:			
ACKNOWLEDGEMENT & AUTHORIZATION			
<p>I acknowledge that it is my responsibility to update this emergency contact information as relationships and/or contact information changes.</p> <p>I authorize Focus Counseling to store this information in a place where office staff can quickly access in case of an emergency. I acknowledge that co-workers will have access to this information.</p>			
Employee			Date:
Signature			