

**DIOCESE OF ALLENTOWN
EMPLOYEE EMERGENCY FORM**

Work Location: _____

EMPLOYEE NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

RELATIONSHIP TO EMPLOYEE: _____

ALTERNATE EMERGENCY CONTACT:

NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

RELATIONSHIP TO EMPLOYEE: _____

CRITICAL EMPLOYEE HEALTH INFORMATION: (Response is optional)

DATE: _____