

EMERGENCY CONTACT FORM

This is a customizable starting template, not a finished legal document. Replace every [BRACKETED] field with your specifics, delete or adapt any clause that does not fit your situation, and have a licensed attorney in the governing jurisdiction review it before you adopt or distribute it. CyberSygn is not a law firm and this template is not legal advice.

This Emergency Contact Form (this "Form") is completed as of [DATE] by [EMPLOYEE FULL NAME], an individual employed or engaged by [COMPANY LEGAL NAME], a [STATE] [ENTITY TYPE, e.g. corporation] with its principal place of business at [COMPANY ADDRESS] (the "Company"). The person completing this Form is referred to as the "Employee."

Recitals. The Company collects emergency contact and limited medical-alert information so that, if the Employee experiences a medical or other emergency at work, the Company can promptly notify the people the Employee designates and provide responders with information the Employee chooses to share. Providing this information is voluntary, but the Company encourages every Employee to keep it current. The Employee completes and authorizes the use of this Form on the terms below.

1. Employee Information

1.1 Identification. The Employee provides the following information so the Company can match this Form to the correct personnel record.

Field	Detail
Full legal name	[NAME]
Employee ID	[ID]
Job title / department	[TITLE / DEPARTMENT]
Work location	[LOCATION]
Personal phone	[PHONE]
Home address	[ADDRESS]

1.2 Accuracy. The Employee is responsible for the accuracy of the information provided and will update it when it changes under Section 5.

2. Primary Emergency Contact

2.1 Designation. In an emergency, the Company will first attempt to reach the following person.

Field	Detail
Full name	[CONTACT NAME]
Relationship	[RELATIONSHIP]
Primary phone	[PHONE]
Alternate phone	[PHONE]
Email	[EMAIL]
Address	[ADDRESS]

2.2 Authority to notify. The Employee authorizes the Company to contact this person and to share that the Employee has experienced an emergency, along with the Employee's location and the general nature of the situation as known to the Company.

3. Secondary Emergency Contact

3.1 Designation. If the primary contact cannot be reached, the Company will attempt to reach the following person.

Field	Detail
Full name	[CONTACT NAME]
Relationship	[RELATIONSHIP]
Primary phone	[PHONE]
Alternate phone	[PHONE]
Email	[EMAIL]
Address	[ADDRESS]

3.2 Order of contact. The Company will use reasonable efforts to follow the order listed but may contact any designated person, or emergency services, in whatever order the circumstances reasonably require.

4. Medical and Responder Information (Optional)

4.1 Voluntary disclosure. The following information is provided voluntarily by the Employee to assist first responders. The Employee may leave any field blank, and the Company will not require its completion.

Field	Detail
Preferred hospital	[HOSPITAL]
Primary physician	[PHYSICIAN / PHONE]
Known allergies	[ALLERGIES]
Critical conditions	[CONDITIONS]
Current medications	[MEDICATIONS]
Blood type (optional)	[BLOOD TYPE]

4.2 Use limited to emergencies. The Company will use the information in this Section only to assist in responding to a medical or safety emergency involving the Employee, including sharing it with emergency responders or medical personnel as reasonably necessary.

5. Updates and Accuracy

5.1 Keeping current. The Employee will promptly notify [HR CONTACT / DEPARTMENT] of any change to the information on this Form, and the Company encourages the Employee to review it at least annually.

5.2 Reliance. The Company may rely on the most recent Form on file and is not responsible for an inability to reach a contact, or for outdated information, where the Employee has not provided an update.

6. Privacy and Confidentiality

6.1 Confidential handling. The Company will treat the information on this Form as confidential personnel information and will limit access to those with a legitimate need, consistent with applicable privacy law, which varies by jurisdiction.

6.2 Purpose limitation. The Company will use this information only for emergency notification and response and for related recordkeeping, and not for any unrelated purpose without the Employee's consent or as required by law.

6.3 Retention. The Company will retain this Form for the duration of the Employee's engagement and for any period required by applicable law or the Company's record-retention policy, after which it will be securely disposed of.

7. Authorization and General Provisions

7.1 Authorization. The Employee authorizes the Company to contact the people named above, and to share the limited information described, in the event of an emergency involving the Employee.

7.2 Voluntary participation. Completion of this Form is voluntary, and any field may be left blank. Declining to provide information will not, by itself, result in adverse action.

7.3 No medical advice or guarantee. This Form does not obligate the Company to provide medical care, and the Company does not guarantee that any contact will be reached in an emergency.

7.4 **Governing law.** This Form and its use are governed by the laws of the State of [STATE], to the extent consistent with applicable federal and local law.

7.5 **Electronic submission.** This Form may be completed and signed electronically, and an electronic signature has the same effect as a handwritten one.

7.6 **Certification.** By signing, the Employee certifies that the information provided is true and complete to the best of the Employee's knowledge and authorizes its use as described.

EMPLOYEE CERTIFICATION AND AUTHORIZATION

I certify that the information above is accurate, and I authorize the Company to contact the people I have designated and to share the limited information described in the event of an emergency involving me.

EMPLOYEE	COMPANY (HR) USE ONLY
Signature: _____	Received by: _____
Printed name: [NAME]	Printed name: [NAME]
Title: N/A	Title: [TITLE]
Date: _____	Date on file: _____

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