

CHESTERFIELD COMPANIES

RISK MANAGEMENT SERVICES

Emergency Contact Information

Employee Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name: _____

Relationship to the Employee: _____

Home Phone: _____ Cell Phone: _____

Secondary Emergency Contact Name: _____

Relationship to the Employee: _____

Home Phone: _____ Cell Phone: _____

Preferred Local Hospital: _____

Allergies (**optional**): _____

In the event of an emergency I give authorization to contact my emergency contact(s) above.

X _____
Employee Signature

Date