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| **Employee Emergency Contact Sheet**  ***About this form:*** The information provided on this form will be used in an emergency to notify the specified individual(s) of a serious illness, injury, or incident, or check on an employee who should have reported to work and has not contacted their supervisor. At least one emergency contact is required to be provided. Should more space be needed, please attach a Word document with additional contacts. This information will remain confidential.  *Submit a new form if this information changes.* *For DES employees, email completed form to* [*deshr@des.wa.gov*](mailto:deshr@des.wa.gov). *For small agency employees, email completed form to* [*SAA@des.wa.gov*](file:///C:\Users\caseyk179\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\6WZXRDL8\SAA@des.wa.gov)*.* |
| **EMPLOYEE INFORMATION** |

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| --- | --- | --- | --- | --- |
| **Name:** | **Personnel #:** | | **Division:** | |
| **Home Address:** | | **City:** | | **State/Zip:** |
| **Home Phone #:** | | **Cell Phone #:** | | |
| **EMERGENCY CONTACT INFORMATION** | | | | |
| **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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| **Employee’s Signature** | **Date Signed** |
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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). Providing this information is optional, and will be kept confidential unless used in an emergency situation.

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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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