

EMPLOYEE EMERGENCY CONTACT INFORMATION

Diocese of Great Falls-Billings
PO Box 1399
Great Falls, MT 59403



Employee Information:

Name: _____
Home Address _____
City, State Zip _____
Home Telephone # _____ Cell # _____
Location of Employee _____

Emergency Contact Info:

Name _____ Relationship _____
Address _____
City, State Zip _____
Home Telephone # _____ Cell # _____
Work Telephone # _____ Employer _____

Name _____ Relationship _____
Address _____
City, State Zip _____
Home Telephone # _____ Cell # _____
Work Telephone # _____ Employer _____

Medical Conditions: (Allergies/medical conditions that emergency personnel need to know)

I have voluntarily provided the above contact information and authorize my employer to contact any of the above on my behalf in the event of an emergency.

I choose not to furnish any emergency contact information at this time.

Employee Signature _____ Date _____