



Employee Emergency Contact Information

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

Employee Information

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

Emergency Contact Information

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

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

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 _____