



Family Services and Housing

### Resource 14: Emergency Contact Information Form

Providing this information is optional. **This form is confidential when filled out.**

*Directions: Complete this form when a worker works alone. Update as information changes. Retain copy in local office, accessible in the event of an emergency.*

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Make, model, color, and license plate(s) of personal vehicle(s) used:

\_\_\_\_\_  
\_\_\_\_\_

In the event of an emergency, contact:

**Emergency Contact #1** .....

\_\_\_\_\_  
First Name                      Last Name                      Telephone Number(s)

\_\_\_\_\_  
Street Address                      Village/Town/City                      Relationship to worker

**Emergency Contact #2** .....

\_\_\_\_\_  
First Name                      Last Name                      Telephone Number(s)

\_\_\_\_\_  
Street Address                      Village/Town/City                      Relationship to worker

**Emergency Contact #3** .....

\_\_\_\_\_  
First Name                      Last Name                      Telephone Number(s)

\_\_\_\_\_  
Street Address                      Village/Town/City                      Relationship to worker