

VILLAGE OF SHOREWOOD
EMPLOYEE EMERGENCY INFORMATION

Employee Name _____ Department _____
Home Address _____ Home Phone Number _____
City _____ Zip Code _____ Cell Phone Number _____

Person(s) to Contact in an Emergency

Emergency Contact #1:

Name _____ Relationship _____
Address _____
City _____ State _____ Zip Code _____
Daytime Phone Number _____ Evening Phone Number _____

Emergency Contact #2:

Name _____ Relationship _____
Address _____
City _____ State _____ Zip Code _____
Daytime Phone Number _____ Evening Phone Number _____

Emergency Contact #3:

Name _____ Relationship _____
Address _____
City _____ State _____ Zip Code _____
Daytime Phone Number _____ Evening Phone Number _____

Medical Information for use in Emergency
