

# EMERGENCY CONTACT FORM

EMPLOYEE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMERGENCY CONTACT #1:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMERGENCY CONTACT #1:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMERGENCY CONTACT #1:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

I HAVE VOLUNTARILY PROVIDED THE ABOVE CONTACT INFORMATION AND AUTHORIZE EXCLUSIVE LUMPERS & STAFFING AND ITS REPRESENTATIVES TO CONTACT ANY OF THE ABOVE ON MY BEHALF IN THE EVENT OF AN EMERGENCY.

SIGNATURE: \_\_\_\_\_