

# THE CITADEL

## EMPLOYEE EMERGENCY CONTACT INFORMATION

Please provide the following information in case of an emergency. Complete this form and return a copy to the Office of Human Resources.

### FIRST CHOICE EMERGENCY CONTACT

Emergency Contact Name:

Relation to Employee:

Address:

Emergency Phone:

### SECOND CHOICE EMERGENCY CONTACT

Emergency Contact Name:

Relation to Employee:

Address:

Emergency Phone:

### PERSONAL PHYSICIAN INFORMATION

Physician's Name:

Physician's Phone:

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date