**EMPLOYEE EMERGENCY NOTIFICATION FORM**

In the event of an emergency I, the undersigned employee, authorise \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Company”) to notify the following person(s):

|  |  |
| --- | --- |
| **Name:** |  |
| **Phone Number:** |  |
| **Second Phone Number:** |  |
| **Address:** |  |
| **Relationship to Employee:** |  |
| **In the event you are unable to notify such person, the Company is authorised to notify:** |
| **Name:** |  |
| **Phone Number:** |  |
| **Second Phone Number:** |  |
| **Address:** |  |
| **Relationship to Employee:** |  |

**I understand and agree that the Company will have no obligation or liability to notify such persons in case of an emergency.**

**Date:**

**Employee Signature**

**Printed Employee Name**