Office of Human Resources

**Southern University at New Orleans**

# Employee Emergency Contact Form

Name: _____

Department: _____ Date: _____

**Personal Information**

Home Address: _____
Home Phone: _____
Mobile Phone: _____
Personal email: _____

Preferred method of contact:
☐ Email ☐ Home Phone ☐ Mobile Phone

**In case of an emergency, please contact:**

**Primary Emergency Contact Name**: _____
Relationship: _____
Home: _____ Phone: _____ Work: _____

**Secondary Emergency Contact Name**: _____
Relationship: _____
Home: _____ Phone: _____ Work: _____

**Other**

**Preferred local hospital**: _____
**Allergies**: _____
_____
_____
**Medical Alerts**: _____
_____
_____