

# COLORADO SCHOOL OF MINES

## Emergency Contact Information

Today's Date: \_\_\_\_\_

Employee name: \_\_\_\_\_

Employee home phone number: \_\_\_\_\_ Cell \_\_\_\_\_

First/Last name for contact in case of emergency: \_\_\_\_\_

Contact person's street address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact person's phone number: home: \_\_\_\_\_ work: \_\_\_\_\_

Relationship to employee: \_\_\_\_\_

Names and telephone numbers of persons to contact if primary contact is unavailable:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_