



Virginia Department of
HUMAN RESOURCE
MANAGEMENT

Department of Human Resource Management Emergency Information Contact Form

Name: _____ Home Telephone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home E-mail Address: _____

Cell Phone: _____

Emergency Contacts:

1. Name: _____ Relationship: _____

Address: _____ Telephone: _____ / _____
Street Home Work

_____ City/State/Zip Cell

2. Name: _____ Relationship: _____

Address: _____ Telephone: _____ / _____
Street Home Work

_____ City/State/Zip Cell

Information that should be known in case of a medical emergency may be provided below and on back.

Emergency Skills Training

Basic First Aid EMT _____ (Date Certified) CPR _____ (Date Certified)

Date

Employee Signature