



City of Kenai Employee Emergency Contact

This form is used to document individuals who should be contacted in case of a workplace emergency or injury of the undersigned employee.

Employee: _____ Department: _____

Personal Contact Info

Home Address: _____

City, State, ZIP: _____

Home Telephone #: _____ Cell Phone #: _____

Emergency Contact Info

(1) Name: _____ Relationship: _____

Address: _____

City, State, ZIP: _____

Home Telephone #: _____ Cell Phone #: _____

Work Telephone #: _____ Employer: _____

(2) Name: _____ Relationship: _____

Address: _____

City, State, ZIP: _____

Home Telephone #: _____ Cell Phone #: _____

Work Telephone #: _____ Employer: _____

Medical Contact Info

Doctor Name: _____ Phone #: _____

Dentist Name: _____ Phone #: _____

I have voluntarily provided the above contact information and authorize the City of Kenai and its representatives to contact any of the above on my behalf in the event of an emergency.

I choose not to furnish any emergency contact information to the City of Kenai at this time.

Employee Signature _____ Date _____