



CITY OF SAN CLEMENTE

Emergency Contact Information

This form is placed in your personnel file and will be referred to in the event of an emergency.

Employee Information: _____
Name

Employee Signature: _____ **Date:** _____

Primary Emergency Contact: _____
Name *Relationship*

Home Address: _____
Street

City *State* *Zip*

Work Phone: _____

Cell Phone: _____

Home Phone: _____

Secondary Emergency Contact: _____
(Optional) *Name* *Relationship*

Home Address: _____
Street

City *State* *Zip*

Work Phone: _____

Cell Phone: _____

Home Phone: _____