

**CITY OF COTTONWOOD
EMPLOYEE EMERGENCY CONTACT DATA
(Strictly confidential. For Personnel File & Communications Center records only)**

FULL NAME: _____
Last first middle

DEPARTMENT: _____ **POSITION:** _____

HOME ADDRESS: _____
Physical Street Mailing City, State, Zip

PHONE NUMBERS: _____
Home pager cellular other

DOB: _____
Month /day /year

BLOOD TYPE: _____ **DL#:** _____ **Exp.:** _____

MEDICAL ALERT: (medication allergies, physiological/neurological conditions)

EMERGENCY CONTACT: _____
NAME DOB PHONE #

PHYSICIANS/MEDICAL PROFESSIONALS to be notified:

NAME OFFICE PHONE #

NAME OFFICE PHONE #

FAMILY MEMBERS, RELATIVES or such to be notified:

NAME RELATIONSHIP WORK # HOME #

NAME RELATIONSHIP WORK # HOME #

Date Completed: _____

***NEEDS TO BE UPDATED REGULARLY
TO KEEP EMERGENCY INFORMATION CORRECT***