



## Emergency Contact Information Form

Please provide emergency contacts who can be reached in the event of illness, injury, or urgent matters related to your employment with Absolute Senior and Home Care Services – Healthcare Staffing Division.

Employee Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Secondary Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_