



Employee Emergency Contacts

Please help Favored Healthcare Services protect you better by providing us with the name(s) and phone number(s) of those to whom we must contact in case of an emergency. This information will be kept confidential inside your personnel file for the purpose of emergencies only.

To be effective, please provide contact information for individuals who can be reached during daytime hours (i.e., spouse, roommates, family members, etc.)

IN CASE OF AN EMERGENCY INVOLVING

Employee Name

PLEASE CONTACT

Name:	<input type="text"/>	Relationship:	<input type="text"/>	Phone:	<input type="text"/>
Name:	<input type="text"/>	Relationship:	<input type="text"/>	Phone:	<input type="text"/>
Name:	<input type="text"/>	Relationship:	<input type="text"/>	Phone:	<input type="text"/>