



EMPLOYEE CONTACT/EMERGENCY CONTACT FORM

Personal Contact Info:

Name:	
School:	
Home Address:	
City, State, ZIP:	
Home Telephone #:	

Emergency Contact Info 1:

Name:	
Relationship:	
Home Address:	
City, State, ZIP:	
Home Telephone #:	
Cell Telephone #:	

Emergency Contact Info 2:

Name:	
Relationship:	
Home Address:	
City, State, ZIP:	
Home Telephone #:	
Cell Telephone #:	

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

Employee Signature _____ Date _____