

SPRINGFIELD COLLEGE

Office of Human Resources

NOTIFICATION IN CASE OF EMERGENCY

Employee Information

Name_____	Date_____
Department_____	Work Phone_____
Birth Date_____	Social Security #_____

EMERGENCY CONTACT INFORMATION

Name_____
Address_____
(Street) (Town) (State) (Zip)
Telephone (Home)_____ (Work)_____
Relationship_____
Special Instructions (medic alert information, etc.)

<input type="checkbox"/> I prefer not to identify and emergency contact.

Employee Signature

Date

Human Resources Representative

Date