



CITY OF OAKWOOD
EMPLOYEE EMERGENCY CONTACT FORM

This information will be extremely important in the event of an accident or medical emergency while you are at work.

Employee Name _____

Emergency Contact Information

Name _____ Relationship _____

Phone Number #(s) _____

Name _____ Relationship _____

Phone Number #(s) _____

Name _____ Relationship _____

Phone Number #(s) _____

Please return this form to the Personnel Department