



## LaSalle County Employee Emergency Contact Form

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Vehicle Information:

Make/Model(s): \_\_\_\_\_  
License Plate #(s): \_\_\_\_\_

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**In the event of an emergency, please list below the names & contact information of two individuals you would like us to contact:**

#### **Emergency Contact #1:**

Name/Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home/Work Phone#: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

#### **Emergency Contact #2:**

Name/Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home/Work Phone#: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

## **Emergency Contact Log – to Record Details of any Emergency Situation involving employee**

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

Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. Location: \_\_\_\_\_

Describe in Detail the Emergency Situation (for additional space, use back of form):

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Supervisor Calling Contact Person: \_\_\_\_\_

Name of Person Contacted: \_\_\_\_\_

Time Contacted: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. Via: Phone # \_\_\_\_\_

Comments: \_\_\_\_\_

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Time Contact Person Arrived at Facility: \_\_\_\_\_

Time Employee Left Facility: \_\_\_\_\_

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

**Reminder:** Please do not store completed form in Personnel File if confidential information is contained within. If applicable, include a copy of this form with other incident reporting documents.