

# IMPERIAL VALLEY COLLEGE

## EMPLOYEE CONTACT/ EMERGENCY NOTIFICATION INFORMATION

In an effort to accurately update and report employee contact information and reach the people that you'd like contacted in case of an emergency, please take a few minutes and complete this form. Once completed please just return it to the Human Resources Office. This information is for official use only.

**Please Print or Type**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

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

P.O. Box: \_\_\_\_\_  
(If Applicable) (City) (Zip Code)

Personal Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Unlisted: Yes \_\_\_\_\_ No \_\_\_\_\_

### **In Case of Accident or Illness, Please Notify:**

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

Business Telephone Number : (\_\_\_\_\_) \_\_\_\_\_ Business Hours: \_\_\_\_\_

Home Telephone Number : (\_\_\_\_\_) \_\_\_\_\_

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

### **Special Emergency Instructions (Optional)**

Allergic To: \_\_\_\_\_

Physician To Be Contacted: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Hospital: \_\_\_\_\_

Special Instructions,0 \_\_\_\_\_ **TB:**