EASTERN MICHIGAN UNIVERSITY

EMPLOYEE EMERGENCY CONTACT INFORMATION
(Optional)

Name: _____
Last First MI

* **CONTACT PERSON(S)** * * * * * * * * * * * * * * * * * *

Primary Contact Person: _____

Contact Number: (_____)_____ Relationship: _____
Area Code Phone Number

Alternate Contact Person: _____

Contact Number: (_____)_____ Relationship: _____
Area Code Phone Number

Health Alert: _____

_____