SOUTHERN STATE
COMMUNITY COLLEGE

Emergency Contact Information
In case of an Emergency

Employee Name: _____
Last First MI

Phone: (___) _____

Address: _____
Street City State Zip

Department: _____ Supervisor: _____

Primary Contact: _____ Relationship: _____

Address: _____
Street City State Zip

Phone (Including work, home, & cell)

Work #: (___) _____ Home #: (___) _____ Cell #: (___) _____

Secondary Contact: _____ Relationship: _____

Address: _____
Street City State Zip

Phone (Including work, home, & cell)

Work #: (___) _____ Home #: (___) _____ Cell #: (___) _____

What hospital would you want to be taken to if you had a choice: _____
***Note depending on how serious the emergency you will be taken to the nearest hospital.**

_____
Employee Signature Date