



**Public Health**  
Prevent. Promote. Protect.

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**Champaign-Urbana Public Health District**

## **C-UPHD EMPLOYEE EMERGENCY CONTACT FORM**

EMPLOYEE NAME \_\_\_\_\_  
Last, First Middle

Address:

Street: \_\_\_\_\_

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

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

### **EMERGENCY CONTACTS**

Emergency Contact Person/s: \_\_\_\_\_  
\_\_\_\_\_

Relationship of Contact to Employee: \_\_\_\_\_

Emergency Telephone Number/s: \_\_\_\_\_

Hospital of Your Choice: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

**\*\*When you need to update your emergency contacts, please send a copy to Human Resources and/or your Division Director. July 2008**