KINGSBOROUGH COMMUNITY COLLEGE
The City University of New York
EMERGENY CONTACT INFORMATION

NAME OF EMPLOYEE : _____

TITLE: _____

DEPARTMENT: _____

If possible, complete information in the spaces provided below for atleast two Emergency Contacts. (Please Print legibly.)

Emergency Contact #1

Name: _____ Relationship_____

Address: _____
Number Street City State Zip Code

Home Phone: _____ Buisness Phone:_____

Emergency Contact #2

Name: _____ Relationship_____

Address: _____
Number Street City State Zip Code

Home Phone: _____ Buisness Phone:_____

Emergency Contact #3

Name: _____ Relationship_____

Address: _____
Number Street City State Zip Code

Home Phone: _____ Buisness Phone:_____

Please be advised that comletion of the “Medical Information” section indicated below is entirely discretionary. (Please print legibly.)

MEDICAL INFIRMATION

PERONSAL PHYSICIAN: _____

PHYSICIAN’S PHONE: _____

BLOOD TYPE: _____

OTHER MEDICAL INFO: _____

_____ _____
Employee’s Signature Date