



NEW COVENANT CHRISTIAN SCHOOL

Emergency Contact Form

EMPLOYEE INFORMATION

Employee Name: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

E-mail address: _____

IN CASE OF AN EMERGENCY

Primary Contact Name: _____

Relationship to Employee: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____

E-mail address: _____

Secondary Contact Name: _____

Relationship to Employee: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____

E-mail address: _____

ADDITIONAL INFORMATION THAT MAY BE HELPFUL IN AN EMERGENCY (Allergies, Special Health Conditions, Etc.):
