



ADMINISTRATION FOR CHILDREN'S SERVICES

EMERGENCY CONTACT INFORMATION

EMPLOYEE NAME: _____

(Please Print)

SOCIAL SECURITY NUMBER _____ / _____ / _____

Emergency Contact #1:

Name: _____

Address: _____

Address: _____

Relationship to Employee: _____

Home Telephone Number: () _____

Work/Other Telephone Number: () _____

Emergency Contact #2:

Name: _____

Address: _____

Address: _____

Relationship to Employee: _____

Home Telephone Number: () _____

Work/Other Telephone Number: () _____

EMPLOYEE'S SIGNATURE: _____ **Date:** _____