



TOWN OF BURLINGTON

Human Resources Office
29 Center Street
Burlington, MA 01803
Phone 781-505-1160
Confidential Fax 781-238-4696

EMERGENCY CONTACT INFORMATION

This form must be completed by all new employees and forwarded to Human Resources in Town Hall where it will be used in the event of emergencies. Thereafter, Human Resources should be informed of any change in the information provided. **Please type or print all information clearly.**

In the event of an emergency, I _____ authorize the Town of Burlington
(Employee Name)
to contact the following individual(s) on my behalf:

PRIMARY CONTACT

NAME: _____

RELATIONSHIP TO EMPLOYEE: _____

EMERGENCY CONTACT DAYTIME TELEPHONE: () - _____

EMERGENCY CONTACT NIGHTTIME TELEPHONE: () - _____

EMERGENCY CONTACT CELL PHONE: () - _____

SECONDARY CONTACT

NAME: _____

RELATIONSHIP TO EMPLOYEE: _____

EMERGENCY CONTACT DAYTIME TELEPHONE: () - _____

EMERGENCY CONTACT NIGHTTIME TELEPHONE: () - _____

EMERGENCY CONTACT CELL PHONE: () - _____

LIST ANY KNOWN ALLERGIES: _____

EMPLOYEE SIGNATURE: _____

DATE: _____

Parent/Legal Guardian Signature, if under the age of 18

DATE: _____