

**EMPLOYEE EMERGENCY CONTACT FORM****Personal Contact Information**

Name \_\_\_\_\_  
Department \_\_\_\_\_  
Home Telephone \_\_\_\_\_  
Mobile \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
Relationship \_\_\_\_\_

I understand that it is my responsibility to keep this information current. I will promptly report any changes to the Human Resources Department.

I have voluntarily provided the above contact information and authorize IH Digital Group and its representatives to contact any of the above on my behalf in the event of an emergency.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date