

COLORADO SCHOOL OF MINES

Emergency Contact Information

Today's Date: _____

Employee name: _____

Employee home phone number: _____ Cell _____

First/Last name for contact in case of emergency: _____

Contact person's street address: _____

City, State, Zip _____

Contact person's phone number: home: _____ work: _____

Relationship to employee: _____

Names and telephone numbers of persons to contact if primary contact is unavailable:
