

**EMPLOYEE EMERGENCY DATA RECORD**

**IDENTIFICATION DATA**

**Last Name, First Name-Middle Initial      Soc. Sec. #**

\_\_\_\_\_

**Department:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EMERGENCY CONTACT DATA**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_

**Address:** \_\_\_\_\_

I acknowledge that Bladen County is **NOT** liable for any damage, physical, mental, etc. as a result of contacting or not contacting the above individual and passing emergency information.

**SIGNATURE:** \_\_\_\_\_

**DECLINATION OF DATA**

I decline to provide emergency data as I prefer that an individual **NOT** be contacted on my behalf.

**SIGNATURE:** \_\_\_\_\_