

Dutchess County BOCES Emergency Contact Information

Please complete this Emergency Contact Information Form. All information provided will be kept strictly confidential. This completed form will be kept on file in the Human Resources Office.

Employee Name		Work Phone/Direct Line		Extension
Building/Work Location		Supervisor	Work Phone	Extension
Primary Contact		Daytime Phone	Cell Phone	Evening Phone
Relationship				
Secondary Contact		Daytime Phone	Cell phone	Evening Phone
Relationship				
Allergic reaction to any medication? Circle: Y N		If yes, please state:		
Employee Signature			Date	