

**SUNY COLLEGE OF TECHNOLOGY  
CANTON, NEW YORK  
CONFIDENTIAL**

**EMERGENCY INFORMATION**

Date: \_\_\_\_\_

Employee: \_\_\_\_\_

DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Campus Dept: \_\_\_\_\_ Campus Phone \_\_\_\_\_

Person(s) to notify in case of emergency (List primary contact first):

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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