

**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: _____