

OXFORD PUBLIC SCHOOLS

EMERGENCY CONTACT INFORMATION FORM

*Please complete this Form and return it to Human Resources at the Central Office where it will remain on file. The information you provide below will be kept strictly confidential and will **only** be used in the case of an **EMERGENCY**. Should either of your Emergency Contacts change in the future, please be sure to provide Human Resources with an updated Form. Thank you!*

Today's Date: _____

Employee Name: _____

PRIMARY Emergency Contact:

Name: _____

Address: _____

Telephone: (Work) _____
(Home) _____
(Cell) _____

Relation: _____

SECONDARY Emergency Contact:

Name: _____

Address: _____

Telephone: (Work) _____
(Home) _____
(Cell) _____

Relation: _____