



# WYTHEVILLE COMMUNITY COLLEGE

1000 East Main Street • Wytheville, VA 24382

## EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_  
(Please Print)

Primary Emergency Contact: (Please Print Clearly)

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

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

Phone Number: \_\_\_\_\_

Alternate Number: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

Secondary Emergency Contact: (Please Print Clearly)

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

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

Phone Number: \_\_\_\_\_

Alternate Number: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

Primary Physician: (Please Print Clearly)

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

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

Phone Number: \_\_\_\_\_

Please list any known allergies or medical conditions that emergency responders would need to be aware of:

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

All information obtained will be confidential and will only be shared in case of an emergency