EMPLOYEE EMERGENCY CONTACT FORM – 2025/26

Name _____

Department _____ Ext. # _____

Personal Contact Info:

Home Address _____

City, State, ZIP _____

Home Telephone # _____Cell # _____

Emergency Contact Info:

1.) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____Cell # _____

Work Telephone # _____ Employer _____

2.) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____Cell # _____

Work Telephone # _____ Employer _____

Medical Contact Info:

Doctor's Name _____ Phone # _____

_____ I have voluntarily provided the above contact information and authorize the Division of Global Engagement (DGE) at the University of Oregon and its representatives to contact any of the above on my behalf in the event of an emergency.

_____ I choose not to furnish any emergency contact information to the University of Oregon – DGE.

Employee Signature _____ Date _____