

## **Yadkin County Employee Emergency Contact Information**

Please list below the name, relationship, phone number(s) and physical address of at least one person who can be contacted in the event you are involved in an accident or emergency situation.

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

Phone(s): \_\_\_\_\_

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

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

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

Phone(s): \_\_\_\_\_

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

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

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

Phone(s): \_\_\_\_\_

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