



**OFFICE OF HUMAN RESOURCES (OHR)**

1650 Bedford Avenue, Brooklyn, NY 11225

(718) 270-6910 (PHONE)

(718) 270-6909 (FAX)

**Emergency Contact Form**

**Employee:** \_\_\_\_\_ **S.S. No.:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip

**Department:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

Please list up to three contacts below so that the College may contact the individuals listed in case of an emergency.

**1. Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Ext.:** \_\_\_\_\_

**2. Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Ext.:** \_\_\_\_\_

**3. Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Ext.:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip

**If immediate hospitalization is necessary, please send me to:**

**Name of Hospital:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip

**Hospitalization Plan:** \_\_\_\_\_