

# EMERGENCY CONTACT INFORMATION

*INFORMATION ON THIS FORM IS FOR EMERGENCY CONTACT PURPOSES ONLY*

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

BMC ID #: \_\_\_\_\_

Cell Phone Number for Campus Safety Emergency Text Message Notifications

\_\_\_\_\_

Is your cell phone your primary phone number? (please circle)      YES              NO

If "NO", please provide a primary phone number: \_\_\_\_\_

Primary person to be notified in case of accident or emergency:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_