

**High Bridge Associates, Inc.**  
**EMERGENCY CONTACT FORM**

**EMPLOYEE'S NAME** \_\_\_\_\_

Please provide our office with an emergency contact for situations such illness, accident, etc... Listed below are spaces for a primary and alternate contact. Please provide this information and return it with your employment acceptance letter. Should you have any questions, please feel free to contact Debbie at (770) 729-8755. Thank you.

**(Primary Contact)**

**(Alternate Contact)**

\_\_\_\_\_  
NAME(S)

\_\_\_\_\_  
NAME(S)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
CURRENT PHONE NUMBER AT JOB