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:

_____   _____

_____