

EMERGENCY CONTACT INFORMATION

Employee Name: _____
Last First M. Initial

Department: _____

Position: _____

Address: _____
Number and Street

City State ZIP Code

Home Telephone Number: _____

Mobile Telephone Number: _____

Email Address: _____

Person To Contact In Case Of Emergency:

Name: _____

Relationship: _____

Address: _____

Telephone: _____

This form is provided as a Member Benefit of the California Restaurant Association,
www.calrest.org or 800.765.4842

This document was reviewed and updated in 2019 by the Zaller Law Group, PC ("ZLG"). ZLG provides this information for general informational purposes only, shall not create any attorney-client or other confidential or special relationship between the user and ZLG. The information is not, and should not be relied upon or regarded as, legal advice. No one should act or refrain from acting on the basis of such content or information, without first consulting with and engaging a qualified, licensed attorney, authorized to practice law in such person's particular jurisdiction, concerning the particular facts and circumstances of the matter at issue.