



**BOATING SAFETY PROGRAM
EMERGENCY CONTACT FORM**

NAME : _____

ORGANIZATION: _____ Supervisor: _____

Supervisor Phone: _____ Supervisor Email: _____

WORKSTATION/DEPARTMENT _____

PHONE : _____ EMAIL: _____

PROJECT(S): _____

EMERGENCY CONTACT(S) (NAMES & PHONE NUMBERS)

NAME: _____ RELATIONSHIP: _____

HOME PHONE: _____ WORK PHONE: _____

ADDRESS: _____

ALTERNATE:

NAME: _____ RELATIONSHIP: _____

HOME PHONE: _____ WORK PHONE: _____

ADDRESS: _____

Special Considerations for Rescue Personnel: _____
