

BRYN MAWR

COLLEGE

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:

Name: _____ Relationship: _____

Address: _____

Home Number: _____ Cell Number: _____

Work Number: _____

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

Name: _____ Relationship: _____

Address: _____

Home Number: _____ Cell Number: _____

Work Number: _____

Signature

Date