

Employee Emergency Information Form

Location: Capron Manchester Poplar Grove Upper Elementary Middle School High School

Name _____

Address _____

Home Phone _____ Cell Phone _____

Home Email _____ Birthday _____

Person to be contacted in the event of an emergency.

Name _____ Relation _____

Home Phone _____ Work Phone _____

Doctor _____ Phone _____

Address _____

Dentist _____ Phone _____

Address _____

Blood Type _____ Last Tetanus Booster _____

Drug Allergies _____

Special Health Problems _____

In the event of an emergency where you are not able to communicate with school authorities, you will be transported to the nearest hospital via the Rescue Squad or ambulance unless otherwise noted below with your specific request.

Signature

Date