



EMERGENCY CONTACT INFORMATION

_____ **School Year**

Last Name: _____ First Name: _____

Address: _____

Building _____ Assignment _____

Please provide the following information for serious illness or accident

My designated emergency contact is:

Name: _____ Relation: _____

Address: _____

City/State/Zip: _____

Home Phone: () _____ Cell() _____ Work () _____

Medical Information:

Family Doctor: _____

Address: _____

Phone: () _____ Emergency Phone () _____

What hospital do you prefer to be sent?

In the event of unconsciousness, list any medical concerns or allergies for EMS Personnel:

If there is any change in this information during the school year, please send it to Human Resources so we may keep our records up to date.

**Original – Board of Education Offices
Photo Copy – School Emergency File**