



## Employee Emergency Form

Please complete this fillable .pdf form each school year, and email it to the school secretary.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Position: \_\_\_\_\_ Location: \_\_\_\_\_

In case of accident or illness involving me, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

In case of serious illness or an accident involving me when the above individual cannot be contacted, I hereby authorize school personnel to obligate me for the services of a local doctor. Please call:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Optional

Known Allergies: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

Medical taken on a continuous basis (name and dosage): \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional comments/information: \_\_\_\_\_