

CONFIDENTIAL

Staff Emergency Contact Information

Name	For the school year
Name	For the scriool year
Address	Phone #1
	Phone #2
	(These are the numbers also used for ConnectED calls)
Work Location - Check ALL that apply	
Support Services Transportation District Off	fice Stillaguamish Valley School Weston Haller
APPLE Eagle Creek Kent Prairi	e Pioneer Presidents Arlington High Post
Emergency contact #1	
Emergency contact #1	
Relationship to employee	
Phone #1	Phone #2
Emergency contact #2	
Relationship to employee	
Phone #1	Phone #2
Emergency contact #3	
Relationship to employee	
neiationship to employee	
Phone #1	Phone #2
Information that may be useful in the event of an emergency (optional)	
Allergies to:	
Medications taken:	
Medical condition:	
Hospital preference	
Physician's name and phone	

Please send an electronic copy to your building nurse (secretary for transportation and support services) and to Kathleen Parra in HR.