

EMPLOYEE EMERGENCY INFORMATION SHEET



CONFIDENTIAL

Employee Name: _____ School: _____
(First, Middle, Last)

Home Phone: _____ Cell Phone: _____

Emergency Contact Information:

Contact #1

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Address: _____
(Street address, city, state)

Contact #2

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Address: _____
(Street address, city, state)

Emergency Medical Information: (Information that medical personnel may need to know in the event of a medical emergency if you are unable to communicate.)

Allergies: _____

Other Health Conditions: (i.e. diabetic, asthmatic, epileptic)

Family Doctor: _____ Phone: _____

Emergency Room Preference: _____
(Medical Center of Manchester or United Regional Medical Center)

To be on file in the Principal's Office.