

Department of Education
EMPLOYEE INFORMATION FOR EMERGENCY PURPOSES

The information that you provide on this form is submitted voluntarily. It will be used by your hiring school/office administrator and/or designated staff to make reasonable attempts to contact a family member or other individual you designate as an immediate contact person in the event of an emergency. The intent of the use of this form is to provide necessary information to those who will attempt in good faith to assist you during an emergency. All information provided will be kept as confidential as possible and will be given to those who will provide emergency assistance. It is your responsibility to keep the information updated and current. For any changes to the information, you must complete and submit a new form and provide it to your administrator. You determine what and how much information you provide at your discretion.

NAME

(Last, First, M.I.): _____

Date of Birth (MM/DD/YY): _____ Home Phone: _____ Cell Phone: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

(If you drive to work) Your vehicle make, model, license number, and location where you normally park:

PERSON(S) TO NOTIFY IN CASE OF AN EMERGENCY:

Contact #1-Name & Relationship: _____

Home No.: _____ Business No.: _____ Cell No.: _____

Contact #2-Name & Relationship: _____

Home No.: _____ Business No.: _____ Cell No.: _____

Contact #3-Name & Relationship: _____

Home No.: _____ Business No.: _____ Cell No.: _____

HEALTH INFORMATION:

I am providing the following information in order that, should an emergency occur in which I require emergency medical attention, responding emergency personnel will be aware of vital information that may be critical to assist me.

If a situation requires that I must be transported to a hospital, I wish to be taken to the following:

Emergency Unit at (Name of Hospital): _____

Contact #1-Physician: _____ Phone No. _____

Contact #2-Physician: _____ Phone No. _____

(Continued on back)

Medications currently being taken: _____

Current health conditions: _____

Current allergies: _____

Other information: _____

I UNDERSTAND THAT I AM VOLUNTARILY PROVIDING THIS INFORMATION TO ASSIST ME DURING AN EMERGENCY. I FURTHER UNDERSTAND THAT MY PRINCIPAL/ADMINISTRATOR OR DESIGNEE, TO WHOM I PROVIDED THIS INFORMATION, MAY RELEASE THIS INFORMATION TO RESPONDING EMERGENCY PERSONNEL. THIS INFORMATION IS TO BE USED IN THE EVENT OF AN EMERGENCY.

(Employee Signature)

(Date)