



Libertyville High School ~ Vernon Hills High School
Administration Center
50 Lakeview Parkway, Suite 101
Vernon Hills, IL 60061
Phone (847) 247-4509
Fax (847) 247-4541

2014 – 2015 Employee Emergency Information Form

PLEASE PROVIDE THE FOLLOWING INFORMATION. THANK YOU.

Building Assignment: (Check One) Administrative Office Libertyville High School
 Vernon Hills High School LHS and VHHS (commuter)

Effective Date: _____

Name: _____

Spouse: _____

Home Address: _____

City: _____ State: ___ Zip: _____

Home Phone Number: _____

Cell Phone: _____

Date of Birth: _____

Department: _____

Contact Person #1:

Name: _____

Phone: _____

Cell phone: _____

Other: _____

Contact Person #2:

Name: _____

Phone: _____

Cell Phone: _____

Other: _____

Physician Contact:

Name: _____

Phone: _____

Please list any medical conditions you want the District to be aware of in case of an emergency (optional):

Allergies: _____

Medications: _____

Asthma: _____ Seizures: _____ Hypertension: _____

Other: _____

**ALL EMPLOYEES MUST COMPLETE THIS FORM
AND RETURN IT TO THE PERSONNEL OFFICE**