

MARLETTE COMMUNITY SCHOOLS STAFF EMERGENCY INFORMATION

Please print all information. The information given will be kept strictly confidential and will be used only in case of an emergency situation. If you do not wish to complete portions of the form, please indicate "confidential" on that line.

Employee's Name _____

First Emergency Contact Name _____

First Emergency Contact Phone Number _____

Second Emergency Contact Name _____

Second Emergency Contact Phone Number _____

Family Doctor _____

Doctor's Phone Number _____

Please list medications you are currently taking: _____

Please list any medications you are allergic to: _____

Please list any other health problems _____

*Please return to the Superintendent's Office in a sealed envelope
with your Name and "Emergency Information" on the front of the envelope.*

This form will be kept on file in the Superintendent's Office.

Please submit a new form if information changes.

If you have questions, please contact

Deanna King at ext. 4923.