

STAFF EMERGENCY FORM

School Year 2016-2017

If there are no changes, please write "NO CHANGES" UNDER YOUR SIGNATURE.

Name: _____ Position: _____

Date of Birth (Month/Day) _____ (DO NOT INCLUDE YEAR)

Address: _____

ZIP CODE: _____

Phone Number: (____) _____

EMERGENCY PHONE NUMBERS:

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

HEALTH INFORMATION/HISTORY

Name of Physician: _____ Phone Number: _____

List Allergies (if any): _____

Date of Latest Physical: _____

Are you a positive tuberculin reactor? Yes _____ No _____

List any other health problems:

Signature of Employee

Date

STAFF ARE RESPONSIBLE TO UPDATE THE OFFICE WITH INFORMATION AS IT MAY CHANGE DURING THE SCHOOL YEAR.