

# College Community School District Employee Emergency Information

Building: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

In case of emergency please notify:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Work \_\_\_\_\_ Cell \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Work \_\_\_\_\_ Cell \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Work \_\_\_\_\_ Cell \_\_\_\_\_

Doctor: \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Health Insurance Company Name: \_\_\_\_\_

Special Health Problems or Allergies:  
\_\_\_\_\_  
\_\_\_\_\_

Special Instructions related to Health Problems: \_\_\_\_\_  
\_\_\_\_\_

Medications:  
\_\_\_\_\_

Date of last tetanus: \_\_\_\_\_

Date of administered Hepatitis B Series (if never done please indicate none) \_\_\_\_\_

Date: \_\_\_\_\_

**Please fill out & return to office ASAP**

updated 7/1/14