

ALTA-AURELIA COMMUNITY SCHOOL DISTRICT

Employee Emergency Information

Employee Name: _____ **Position:** _____

Employee Address: _____

Home Phone: _____ **Cell Phone:** _____

Emergency Contacts:

Contact #1:

_____	_____	_____
Name	Relationship	Home Phone
_____	_____	_____
Place of Employment	Work Phone	Cell Phone

Contact #2:

_____	_____	_____
Name	Relationship	Home Phone
_____	_____	_____
Place of Employment	Work Phone	Cell Phone

Doctor: _____

Name	Phone
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Dentist: _____

Name	Phone
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Other helpful information in case of an emergency: ie. Blood type, allergies, medications, chronic illnesses or significant medical history, etc.

I hereby authorize school personnel to contact any of the above in case of an emergency.

Employee Signature **Date**