

Professional Staff    Support Staff (Sec/PE/LPN)    Nutrition Services    Custodial

Name:

Home Phone Number:

Cell Phone Number:

Current Address: (Mailing Street)

(CYSTZC)

(Physical 911)

Spouse's Name: (if applicable)

Spouse's Work Number:

In case of illness:      Yes, please call my spouse at work.  
                                   No, please call my emergency numbers.

List of person(s) to contact in case of illness **(Please list in order to be called).**

Name	Relationship	Telephone Number
------	--------------	------------------

---

In the event of serious and/or life threatening injury please take me to the following medical facility:

List pre-disposing medical condition (s):

List medications taken on a regular basis:

List allergies (environmental, food, and/or medicines):

I am allergic to insect/bee stings.    Yes, follow the standing school policy of treatment

If any of this information changes during the school term, you are responsible for notifying the superintendent's office immediately.  
 Please be aware this information is confidential and will ONLY be shared on a need to know basis.