

Emergency Information and Contact Form *(continued)*

Employee Name: _____

Additional Information

Please include any additional information that you wish to be provided to medical or emergency care providers in the event of an emergency. None of the information in this section is required.

Allergies

Allergies to Medication

Medications

Other Information

In case of serious injury or illness, I grant school officials permission to contact the persons, emergency medical personnel, and hospitals named, and to call for an ambulance if necessary.

Employee Signature: _____ Date: _____