

PORTA C.U.S.D. #202

Petersburg ,IL 62675

PORTA EMPLOYEE EMERGENCY PROCEDURE FORM

EMPLOYEE _____ BUILDING _____

Job Classification _____ Physical on File? Yes ___ No ___

Any physical limitations? _____

Medication taking _____

Allergic to _____

Name of relative or neighbor to contact in case of emergency:

_____ Phone #: _____

In an emergency, Doctor you want called:

Dr. _____ Phone #: _____

Dentist _____ Phone #: _____

In a serious emergency, would you want an ambulance called? Yes ___ No ___

Choice of hospital _____

Any additional information _____

Signature of Employee _____