

FACULTY/STAFF EMERGENCY INFORMATION – YEAR _____

(Please Print)

Name: _____ Department: _____
Last Name First Name

Address: _____

Phone Number: _____ Cell Number: _____

Doctor: _____ Preferred Hospital: _____

Doctor's Phone Number: _____

I give permission for the nurse to speak to my physician: _____
Signature

Pertinent Health Information (optional): _____

PERSONS TO BE CONTACTED IN CASE OF EMERGENCY:

1st Contact Person: _____ Relationship: _____

Available during school day at: _____

Phone Number to call: _____

Cell Phone Number: _____

2nd Contact Person: _____ Relationship: _____

Available during school day at: _____

Phone Number to call: _____

Cell Phone Number: _____

-- PLEASE RETURN TO HEALTH OFFICE --

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