

PERRY PUBLIC SCHOOLS
EMERGENCY INFORMATION

Employee Name _____

Employee Address _____
Street City Zip

Personal Contact Numbers () _____ () _____
Home Phone Cell Phone

Please list at least 2 people who should be contacted in case you have a medical emergency at school:

Name _____ **Home Phone** _____
Work Phone _____
Cell Phone _____

Name _____ **Home Phone** _____
Work Phone _____
Cell Phone _____

Family Physician _____ **Phone** _____

Hospital Preference _____

Please list any medical problems, allergies and/or medications you are taking that emergency medical personnel should be made aware of:

Signature

Date