



EMERGENCY CONTACT INFORMATION

Employee: _____ Date: _____

PERSONAL CONTACT INFORMATION

Home Address: _____
City, State, ZIP: _____
Home Telephone: _____ Cell Number: _____
E-Mail Address: _____

PLEASE LIST TWO CONTACTS IN CASE OF AN EMERGENCY

Primary Contact: _____
Relationship to You: _____
Home Telephone: _____ Cell Number: _____
Work Name/Number: _____
E-Mail Address: _____

Secondary Contact: _____
Relationship to You: _____
Home Telephone: _____ Cell Number: _____
Work Name/Number: _____
E-Mail Address: _____

MEDICAL INFORMATION

Family Physician: _____
Address: _____
Phone Number: _____
Allergies: _____
Medical Conditions: _____
Family Dentist: _____
Address: _____
Phone Number: _____
Family Eye Doctor: _____
Address: _____
Phone Number: _____

I have voluntarily provided the above contact information and authorize Jac-Cen-Del Community School Corporation and its representatives to contact any of the above on my behalf in the event of an emergency.

Employee Signature: _____ Date: _____