

2016-2017

SCHOOL DISTRICT OF MAUSTON EMPLOYEE EMERGENCY NOTIFICATION FORM

To Be Completed the ANNUALLY

EMPLOYEE'S NAME: _____

HOME ADDRESS: _____ PHONE: _____

SPOUSE'S NAME: _____ WORK PHONE: _____

SPOUSE CELL PHONE: _____ YOUR CELL #: _____

EMERGENCY CONTACT NAMES (WHEN SPOUSE CANNOT BE REACHED):

1. _____ PHONE: _____

2. _____ PHONE: _____

FAMILY PHYSICIAN: _____ PHONE: _____

SIGNATURE OF EMPLOYEE

DATE

EMERGENCY INSTRUCTIONS

IN CASE OF EMERGENCY PLEASE DO THE FOLLOWING:

PLEASE CIRCLE APPROPRIATE HEALTH CONCERN(S) – EXPLAIN FURTHER BELOW, IF NECESSARY:

VISION - HEARING - ASTHMA - DIABETES - SEIZURES - HEART - OTHER

ALLERGIES: _____

ACTIVITY OR DIET RESTRICTIONS: _____

REGULAR MEDICATIONS USED: _____