

David Douglas School District

**EMPLOYEE EMERGENCY INFORMATION**

This emergency information will be on file in the Human Resources Office and will only be accessed by personnel in a case of an extreme emergency. This information will be held in the strictest of confidence.

<i>Employee</i>			
Last Name	First Name	MI	School/Department
Street Address	City	State	Zip
Home Phone Number	Mobile Phone Number	Birthdate	

<i>In case of an emergency, contact</i>				
Name	Address	City	State	Zip
Phone Number 1	Phone Number 2	Relationship		
Name	Address	City	State	Zip
Phone Number 1	Phone Number 2	Relationship		

<i>Doctors</i>			
Doctor (1) Name	Phone Number	Doctor (2) Name	Phone Number
Designated Hospital in case of emergency		Medical Insurance Company	

<i>Health Concerns</i>
Specific information regarding physical condition, allergies or medications which should be known in case of an emergency: