

HOPEWELL VALLEY REGIONAL SCHOOL DISTRICT

Employee Emergency Contact Information

*Please Print*

Name: \_\_\_\_\_

Location: \_\_\_\_\_

In case of an emergency, contact (list 2 persons):

Contact Name: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_

(Cell) \_\_\_\_\_

Contact Name: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_

(Cell) \_\_\_\_\_

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Allergies/Medical Alerts:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RETURN TO HUMAN RESOURCES