



# Sharon Community School Jt #11

## Employee Emergency Information

104 E. SCHOOL ST. • SHARON, WI 53585 • VOICE: (262) 736-4477

### RETURN TO MAIN OFFICE

Purpose: In case of emergency, Sharon staff will be able to contact person(s) and proper information can be given to medical personnel. All information will remain strictly confidential.

<b>Employee Name:</b>	FIRST _____ MIDDLE _____ LAST _____	<b>Hire Date (1<sup>st</sup> day of work):</b>	/	/
<b>Address:</b>	_____	<b>City, State:</b>	_____	<b>Zip Code:</b> _____
<b>Home Phone:</b>	_____	<b>Cell Phone:</b>	_____	
<b>Home Email:</b>	_____		<b>Date of Birth:</b>	/ /

**Emergency Contacts:** Person(s) to be contacted in case of emergency and phone numbers(s)

**Contact #1**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home/Work Phone: \_\_\_\_\_

**Contact #2**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home/Work Phone: \_\_\_\_\_

\*Please notify the office if your emergency contact information changes at anytime to avoid missing important alerts.

**EMPLOYEE Signature**

**Date**

-Over-



## FOR NURSE USE ONLY

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

.....  
**Medical Information:**

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any medical conditions/allergies/medications that the nurse needs to be aware of:

.....

Please list any special instructions necessary to be followed by those administering emergency medical care:

**May the school authorities use their own judgement if emergency treatment is required and if the above are unavailable?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Please list your hospital preference:**

\_\_\_\_\_

**EMPLOYEE Signature**

**Date**