

# RICHMOND HEIGHTS LOCAL SCHOOLS

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## SCHOOL YEAR: EMERGENCY MEDICAL INFORMATION

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Address City Zip Cell Phone

\_\_\_\_\_  
**Personal Email Address (not work email)** Home Phone

### IN CASE OF EMERGENCY CALL:

\_\_\_\_\_  
Name & Relationship City Phone

\_\_\_\_\_  
Name & Relationship City Phone

Any Special Medical Conditions:  
\_\_\_\_\_

Allergies \_\_\_\_\_ Required Medications \_\_\_\_\_

Family Physician \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

Birthdate \_\_\_\_\_ **Model of Car(s) and License #** \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Spouse's Place of Employment \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Children(s) Names \_\_\_\_\_

In case of emergency, I give my permission to call a local doctor and/or take me to a hospital. This in no way makes the Richmond Heights Board of Education or its designated agent(s) liable for action or debts incurred.

\_\_\_\_\_  
**Employee Signature** **Date**

Cc: Building Principal/Supervisor  
Personnel File