



SCHOOL DISTRICT OF LOMIRA EMERGENCY CONTACT FORM



Personal Information

Employee Name:

Last

First

M.I.

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Primary Phone:

Person(s) To Contact In Case Of An Emergency

Contact Full Name:

Last

First

Relationship

Address:

Street Address (if different than above)

Apartment/Unit #

City

State

ZIP Code

Primary Phone:

Alternate Phone:

Medical Information

Doctor:

Name

Phone Number

Hospital:

List Allergies:

Please list any health problems which would be pertinent in case of an illness or injury (high blood pressure, etc.)

Current Medication that may be pertinent to a medical emergency

List here:

In Case of emergency, illness, or accident, I authorize the School District of Lomira to release this information to EMS or other health care providers:

Signature of Employee _____

Date: _____

PLEASE RETURN THE FORM TO ANN LARSEN IN THE DISTRICT OFFICE. Thanks!