

Attention: Building Secretaries/Supervisors
(Please retain the original and send a copy to the Administration Office)

Grand Valley Local Schools
Staff Emergency Medical Information
2022-2023 School Year

*We tried having Staff & outside Personnel assigned to Grand Valley fill this form online, but we have several missing Emergency Medical forms, so for safety reasons, we will have Staff fill out a hard copy. Even if you already filled one out online, please complete another one to ensure we have one on file. Please note that we **MUST** have a new Staff Medical Information form completed each school year regardless of whether any of your emergency information has changed. Please take a moment to fill this form out in its entirety, then return to your Building Secretary/Supervisor no later than Friday, January 27, 2023. THANK YOU! (Contact information for the "Confidential" Personnel Directory will be taken from this form).*

Name: _____ Employee # _____ Email _____
(Please list your grandvalley.school email address)

Date of Birth _____ Grand Valley Building(s) _____
2nd Email _____
(Please list an alternate personal email address)

Employed by (**Please** √): Grand Valley _____ ACESC _____ Ashtabula County Technical & Career Center _____ Other _____

Title/Position(s) _____ Room # (if avail) _____ Phone Ext. (if avail) _____
If you're a teacher, please list subject(s) you teach & grade level. Also, list any supplementals. (If you need more room, please write on the back.)

Home Address _____
Street _____ P.O. Box _____ City _____ State _____ Zip Code _____

Home # (____) _____ Cell # (____) _____

Emergency Contact: Relationship (**Circle one**) Spouse / Parent / Other _____ *(If other, please list relationship)*

Name _____ Place of Employment _____

Home Telephone Number (____) _____ Cell/Alternate Number (____) _____

Work Telephone Number (____) _____ Email _____

Doctor's Name _____ Telephone Number (____) _____

Preferred Hospital _____ Telephone Number (____) _____

Insurance Coverage:

Coverage with Grand Valley Local Schools (check all that apply): Medical/RX _____ Dental _____ Vision _____

Coverage: Single ____ Family ____ Name All Family Members Covered: _____

Spouse's Insurance Company _____

Medical History:

Allergies (medication, environmental, insects) _____

Medication(s) _____

Medical & Physical Conditions _____

In the event that the above Emergency Contact is not available, please list two (2) other sources:

Name _____ Name _____

Relationship _____ Relationship _____

Home Telephone Number (____) _____ Home Telephone Number (____) _____

Cell Telephone Number (____) _____ Cell Telephone Number (____) _____

Work Telephone Number (____) _____ Work Telephone Number (____) _____

Employee Signature _____ **Date** _____