



EMERGENCY INFORMATION FORM FOR STAFF

PLEASE PRINT

NAME: _____ **PROGRAM** _____

IN CASE OF AN EMERGENCY, NOTIFY THE FOLLOWING PEOPLE:

1. NAME: _____

ADDRESS: _____

TELEPHONE: Home (_____) _____ Work (_____) _____

Cell/Beeper (_____) _____

2. NAME: _____

ADDRESS: _____

TELEPHONE: Home (_____) _____ Work (_____) _____

Cell/Beeper (_____) _____

3. PHYSICIAN'S NAME: _____

ADDRESS: _____

TELEPHONE: Office (_____) _____

List any specific medical conditions or medications which should be noted:

I do not wish to have this information on file

Signature _____

Date _____

(signature)

(date)

LOWER PIONEER VALLEY EDUCATIONAL COLLABORATIVE

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