

EMERGENCY INFORMATION

Santa Fe Trail

USD 434

Date:

School Year:

STAFF MEMBER _____

DATE OF BIRTH _____

HOME ADDRESS _____

TELEPHONE NUMBER _____

PERSON TO CONTACT IN THE EVENT OF AN EMERGENCY:

CONTACT #1

NAME _____ RELATIONSHIP _____

TELEPHONE NUMBER _____

CONTACT #2

NAME _____ RELATIONSHIP _____

TELEPHONE NUMBER _____

HOSPITAL PREFERENCE _____

PRIMARY DOCTOR'S NAME AND TELEPHONE NUMBER

MAJOR HEALTH PROBLEMS _____

CURRENT MEDICATIONS _____

DRUG ALLERGIES _____

DATE OF LAST TETANUS BOOSTER _____