**STAFF EMERGENCY INFORMATION**

**Santa Fe Trail School District USD #434**

**NAME:**

Date of Birth:

HOME ADDRESS: Street

City, State and Zip Code

Phone Number:

**PERSON TO CONTACT IN THE EVENT OF AN EMERGENCY:**

Emergency Contact Name:

Relationship:       Phone Number:

Emergency Contact Name:

Relationship:       Phone Number:

**HOSPITAL PREFENCE**

Physician Name:       Phone Number:

**MAJOR HEALTH PROBLEMS**

**CURRENT MEDICATIONS**

Name of Medication:

Dose:

Reason for Taking:

Name of Medication:

Dose:

Reason for Taking:

Name of Medication:

Dose:

Reason for Taking:

Name of Medication:

Dose:

Reason for Taking:

**ANY KNOWN ALLERGIES**

Have you been vaccinated for the chicken pox or have a history of the disease? Yes [ ]  No [ ]