

# Batavia Public Schools

District #101

## Staff Emergency Form

(Please Print or Type)

Name:

Date:

Home Address:

Street Address

City

State

Zip

Home Telephone:

Cell Phone:

### People to be Notified in an Emergency LIST IN ORDER YOU WANT THEM CALLED:

Name	Relationship	Primary Phone	Type	Secondary Phone	Type
<i>Ex. John Doe</i>	<i>Spouse</i>	<i>815-555-4545</i>	<i>Home</i>	<i>815-555-4646</i>	<i>Work</i>
1 _____	_____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____	_____

#### Hospital Preference

Name

City

1 _____	_____
2 _____	_____

#### Doctor(s) to be Notified

Name

Clinic

Telephone Number

1 _____	_____	_____
2 _____	_____	_____

#### MEDICAL INFORMATION IMPORTANT IN AN EMERGENCY (Optional)

Chronic Conditions:

Current Medications:

Allergies to Medications:

\_\_\_\_\_ I decline to provide any information listed above.

\_\_\_\_\_  
Signature of employee (required even if declining to provide information)