

# Bethany School Staff Emergency Information Form

If the information in the top section has not changed, mark **SAME** across the section (See the Nurse to see last year's form. **Fill in your Name, the Travel info at the bottom, sign, and date it.**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
                    Last                                      First                                      M.I.

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Name of person to be contacted in case of emergency:

1. \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell# \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell# \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Choice of Hospital \_\_\_\_\_

In the event of an emergency, are there any medical conditions we need to be aware of?

\_\_\_\_\_  
\_\_\_\_\_

Medications currently taken: \_\_\_\_\_

\_\_\_\_\_  
Allergies (including allergies to medications): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*\*\*The information below must be completed EVERY YEAR\*\*\*\*\***

Have you traveled outside of the United States in the past year? Yes \_\_\_\_\_ No \_\_\_\_\_

Where? \_\_\_\_\_ Did you stay in a home or hotel/resort?

(Please Circle)

Employee signature \_\_\_\_\_ Date: \_\_\_\_\_

**\*This information is confidential and will be treated as such.**