

Return to Building Secretary
(To be kept on file in Building)

WESTLAKE CITY SCHOOLS
STAFF MEDICAL EMERGENCY INFORMATION – 2008-2009

NAME _____ HOME PHONE _____
ADDRESS _____ CELL PHONE _____
CITY & ZIP _____

IN CASE OF EMERGENCY NOTIFY:

NAME _____ RELATIONSHIP _____
ADDRESS _____ CITY & ZIP _____
HOME PHONE _____ WORK PHONE _____
CELL PHONE _____

SECOND CONTACT:

NAME _____ RELATIONSHIP _____
ADDRESS _____ CITY & ZIP _____
HOME PHONE _____ WORK PHONE _____
CELL PHONE _____
DOCTOR _____ PHONE _____

PREFERRED HOSPITAL _____

ALLERGIES OR MEDICAL PROBLEMS _____

I authorize emergency medical care if necessary.

Signature