



# SCHOOL DISTRICT OF LOMIRA EMERGENCY CONTACT FORM

## Employee Information

### Personal Information

Employee Name: \_\_\_\_\_  
*Last* *First* *M.I.*

### Person(s) To Contact In Case Of An Emergency

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*  
\_\_\_\_\_  
*City* *State* *ZIP Code*

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Medical Information

Doctor: \_\_\_\_\_  
*Address*

Hospital: \_\_\_\_\_  
*Area Code/Phone Number:*

Known health problems which would be pertinent in case of an illness or injury (allergies, high blood pressure, etc.)

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

### Current Medication that may be pertinent to a medical emergency

List here: \_\_\_\_\_

In Case of emergency, illness, or accident, I authorize the School District of Lomira to release this information to EMS or other health care providers:

Signature of Employee \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE RETURN THE FORM TO CARI DAILEY IN THE DISTRICT OFFICE.