

CONFIDENTIAL

STAFF EMERGENCY FORM

NAME: _____ DOB _____

ADDRESS: _____ SCHOOL _____

IN CASE OF AN EMERGENCY PLEASE CONTACT:

NAME: _____ RELATIONSHIP _____

HOME PHONE _____ WORK PHONE: _____

IF UNABLE TO REACHE ABOVE PERSON, PLEASE CONTACT:

NAME _____ RELATIONSHIP: _____

HOME PHONE: _____ WORK PHONE: _____

PHYSICIAN'S
NAME: _____

CLINIC LOCATION: _____ PHONE: _____



OPTIONAL INFORMATION

This portion of the emergency form is optional. The information would be shared in the event that an emergency situation would arise while working in the District.

CURRENT
MEDICATIONS: _____

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CURRENT/CHRONIC HEALTH CONCERNS THAT THE SCHOOL/NURSE SHOULD KNOW ABOUT?

DO YOU GO INTO SHOCK OR HAVE DIFFICULTY BREATHING WHEN STUNG BY AN INSECT?

YES_____ NO_____

IF YES, DO YOU CARRY AN EPI-
PEN? _____

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www.fortschools.org/boardpolicies

SCHOOL DISTRICT OF



FORT • ATKINSON

201 Park Street
Fort Atkinson, WI 53538
920-563-7800

I UNDERSTANT THAT THE ABOVE INFORMATION WILL BE SHARED WITH THE APPROPRIATE STAFF/AND OR MEDICAL PERSONNEL, IN THE EVENT THAT I WOULD NEED MEDICAL ASSITANCE WHILE WORKING IN THE SCHOOL DISTRICT.

STAFF SIGNATURE: _____ DATE_____