

EMPLOYEE EMERGENCY INFORMATION RECORD



RETURN COMPLETED FORM TO:
Attn: Human Resources Coordinator
Schuylkill Intermediate Unit #29
17 Maple Avenue
P.O. Box 130
Mar Lin, PA 17951
Phone: 570-544-9131 Ext. 1249
Fax: 570-544-2169



It is recommended that you fill out and sign this form. In the event of an emergency, when the Administration believes medical attention may be required, I grant permission to the Administration or Designee to call for an ambulance and give consent to have this form available to medical personnel.

Employee Full Name:	Date of Birth :
Social Security Number:	Home Phone:
Address:	Cell Phone:

EMERGENCY CONTACTS

Name:	Relationship:
Home Phone:	Cell Phone:

Name:	Relationship:
Home Phone:	Cell Phone:

Name:	Relationship:
Home Phone:	Cell Phone:

PHYSICIAN INFORMATION:

Physician Name:	Phone Number:
Address:	

ALLERGIES/OTHER MEDICAL INFORMATION:

Allergies:	Contact Lenses: YES/NO
Last Tetanus Shot:	Other Medical Information that EMS personnel should be aware of:

Please initial the below statements:

- ___ I authorize the Schuylkill Intermediate Unit #29 to release this form to medical personnel.
___ I agree to indemnify and hold harmless the Schuylkill Intermediate Unit #29, and its employees, against any claims, arising out of the emergency care of myself.

I have read and agree to this release:

Employee Signature and Date