HIGHLINE
PUBLIC SCHOOLS

Personnel Emergency Information Form

1. Complete the form with name, address, phone number, etc.
2. Provide two **LOCAL** emergency contacts in case you have an emergency and cannot provide this information yourself.
3. Provide medical information we will need in case of an emergency.

Date:_____

Name:_____Work Location:_____

Address:_____City:_____State:_____Zip:_____

Social Security #:_____Primary Phone:_____

Spouse's Name:_____Spouse's Phone:_____

Nearest Other Relative:_____ Relationship:_____

Address:_____ Phone: _____

Alternate Person to be Notified:_____Phone: _____

Physician's Name:_____Phone: _____

Hospital Choice:_____Medical Insurance ○ Yes ○ No

Name of Insurance Company: _____

List any known health problems: