

**EMPLOYEE EMERGENCY CONTACT/INFORMATION**Office of the Chief Operating Officer  
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

Fill out this form as completely as possible, so that in the unlikely event of an injury, Montgomery County Public Schools (MCPS) has sufficient information, allowing you to receive quick medical attention.

Employee Name \_\_\_\_\_ Dept./Office \_\_\_\_\_

Home Address \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_ optional

School/Bldg. Name \_\_\_\_\_ Room #/Floor # \_\_\_\_\_

**Phone:** Work \_\_\_\_-\_\_\_\_-\_\_\_\_ Home \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell \_\_\_\_-\_\_\_\_-\_\_\_\_

E-mail Address \_\_\_\_\_

**EMERGENCY CONTACT 1**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

**Phone:** Work \_\_\_\_-\_\_\_\_-\_\_\_\_ Home \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell \_\_\_\_-\_\_\_\_-\_\_\_\_**EMERGENCY CONTACT 2**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

**Phone:** Work \_\_\_\_-\_\_\_\_-\_\_\_\_ Home \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell \_\_\_\_-\_\_\_\_-\_\_\_\_

MCPS Form 565-10, October 2015

**PRIMARY PHYSICIAN**

Name \_\_\_\_\_ Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

**DENTIST**

Name \_\_\_\_\_ Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

**HEALTH INSURANCE COMPANY** \_\_\_\_\_**MEDICAL CONDITIONS/ALLERGIES/OTHER COMMENTS (optional)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**HOSPITAL PREFERENCE** \_\_\_\_\_

I, the undersigned, give permission to MCPS to call for an ambulance if deemed necessary, in the event that I cannot make that decision myself.

\_\_\_\_\_  
Printed Name\_\_\_\_\_  
Signature\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date