

INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Employee's Last Name _____ First _____ Middle _____
 Male Female

Position _____

Employee # _____

School/Department _____

Series Number _____ **406P** _____ Adopted _____ **August 2000** _____ Revised _____ **December 2015** _____
Title _____ **Emergency Information – Employees** _____

Home Phone _____ Unlisted Home email _____ Cellular _____ Cell Service Provider _____

Address _____ City _____ State _____ Zip _____

Person to contact in an emergency:

1. (Last name, first name) _____ Relationship _____

Home Phone _____ Work Phone _____ Cellular _____ Cell Service Provider _____

Address _____ City _____ State _____ Zip _____

2. (Last name, first name) _____ Relationship _____

Home Phone _____ Work Phone _____ Cellular _____ Cell Service Provider _____

Address _____ City _____ State _____ Zip _____

Optional:

Pertinent Health Information (severe allergies, etc.)

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In case of serious accident or illness, I hereby authorize Dr. _____ to give necessary treatment and/or information.

You may call him/her at phone _____

To Employee:

Your welfare is our first consideration. In the event of a serious injury or illness at work, the following steps will be taken immediately: the school nurse (if on duty) will be called; emergency line 911 will be called, if deemed necessary, and the person designated on this emergency card will be called. If none of the persons listed can be reached, school personnel will implement emergency procedures to protect your health.

Please complete this card so we can keep our records up-to-date and initiate emergency care quickly. This information is confidential and may be shared with emergency personnel when necessary. Your signature acknowledges permission to release information to emergency personnel. If there are any significant changes in your health, please call to keep the school nurse informed.

Date _____ Signature of Employee **X** _____