



## Employee Emergency Information

- Select School Site(s)
- DECS  
 LCS  
 RCS

### Personal Information

First Name	
Middle Name	
Last Name	
Government ID or SSN	
Place of Birth (Country/Region)	
Date of Birth (MM/DD/YYYY)	
Home Address	
City/State/Zip Code	
Mailing Address (if different)	
City/State/Zip Code	
Home Phone	
Cell Phone	
Fax Number	
E-mail Address	
Driver's License/State ID Number	

### Medical Information

Doctor's Name	
Address	
City/State/Zip Code	
Phone Number	
Blood Type	
Medical Conditions	
Allergies	
Current Medications	

### Emergency Information

First Emergency Contact's Name	
Relationship	
Address	
City/State/Zip Code	
E-mail Address	
Home/Cell Phone Number(s)	
Second Emergency Contact's Name	
Relationship	
Address	
City/State/Zip Code	
E-mail Address	
Home/Cell Phone Number(s)	