EAST CARTER R-II SCHOOL
NOTIFICATION FORM FOR EMERGENCY OR ILLNESS

Employee's Name: _____ _____ _____
Last First MI

Home Address: _____

Phone: _____

Physicians Name: _____Phone: _____

Hospital of choice: _____

Dentist: _____Phone: _____

Who do we contact in case of an emergency?

1st contact: _____Phone: _____

2nd contact: _____Phone: _____

Health conditions? YES ___NO ___

If "YES", please list;

_____
_____
_____

Allergies: _____

Current Medication:

_____
_____
_____

If emergency treatment is required, may the school authorities use their own judgment in calling the doctor indicated above?

YES ___ NO ___

If "NO", what do you want done?

Signature of Employee: _____Date: _____