

PRAIRIE-HILLS DISTRICT 144

EMERGENCY CONTACT INFORMATION

In case of any emergency please list anyone who you would like us to contact, and with whom you will allow us to share information about your location, situation, and logistical requirements.

Date _____

Name _____

 Last First MI

Address _____

 Street City State Zip

Home Phone _____ Cell Phone _____

Position _____ Location _____

Contact 1 - Name Relationship

Street Address City, State

Telephone

Contact 2 - Name Relationship

Street Address City, State

Telephone

Preferred local hospital: _____

Employee's Signature _____ Date _____