

ILLNESS AND INJURY RESPONSE AND PREVENTION
(Emergency Information Form–Employee)

Employee's Name: _____ / _____ / _____
Last First Middle

Date of Birth: _____

Address: _____

City: _____ State: ____ Zip: _____ Phone: _____ Cell Phone: _____

Name of Spouse and/or Children (optional):

Person(s) to Contact in Case of Emergency:

Name	Phone	Cell Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Doctor's Name: _____ Phone: _____

Address: _____

Hospital Preference: _____

Please list any medical or personal information you would like the district to be aware of in order to adequately assist you in an emergency: _____

Notice

Schools in this district are equipped with epinephrine premeasured auto-injection devices that can be administered in the event of severe allergic reactions that cause anaphylaxis. Epinephrine will be administered only in accordance with written protocols provided by the authorized prescriber. The school principal will maintain a list of personnel trained in the proper administration of this drug.

FILE: EBBA-AF2
Critical

* * * * *

Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: 02/27/2006

Clinton School District #124, Clinton, Missouri