

**Mineral Point Unified School District
Employee Emergency Form**

Name: _____ Birth Date _____

Address: _____

_____ Home Phone: _____

Cell Phone: _____

Health Insurance _____ Group Number _____

Dental Insurance _____ Group Number _____

Emergency Numbers - In case of emergency, please contact the following:

<u>Name</u>	<u>Relationship to Employee</u>	<u>Home Address</u>	<u>Business Name</u>	<u>Telephone</u>	
				<u>Home</u>	<u>Work</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please list any health conditions which could require special care in an emergency situation and describe what needs to be done.

Health Conditions: _____

Action Needed: _____

Allergies: _____

<u>Family Dentist</u>	<u>City</u>	<u>Telephone</u>
_____	_____	_____

<u>Family Physician</u>	<u>City</u>	<u>Telephone</u>
_____	_____	_____

In the event of an emergency, I authorize the school officials to take whatever action is deemed necessary in their judgment for the health of aforesaid school employee. I will not hold the school district financially responsible for the emergency care and/or transportation for said employee. This authorization will be renewed annually.

Date

Signature of School Employee