

OAK GROVE SCHOOL DISTRICT #68
Emergency Card



EMPLOYEE NAME: _____ DATE COMPLETED: _____

EMPLOYEE CURRENT ADDRESS: _____

EMPLOYEE HOME PHONE: _____

EMPLOYEE CELL PHONE: _____

EMPLOYEE DATE OF BIRTH: _____

SIGNIFICANT OTHER: _____

PHYSICIAN: _____

HOSPITAL PREFERENCE: _____

PHYSICIAN: _____

SPECIAL MEDICAL CONDITIONS:

EMERGENCY CONTACT #1 NAME: _____

EMERGENCY CONTACT #1 PHONE TYPE (i.e. mobile): _____

EMERGENCY CONTACT #1 RELATIONSHIP (i.e. Sister): _____

EMERGENCY CONTACT #2 NAME: _____

EMERGENCY CONTACT #1 PHONE TYPE (i.e. mobile): _____

EMERGENCY CONTACT #1 RELATIONSHIP (i.e. Mother): _____