

Arrowhead Head Start Employee Emergency Contact Form

This form is to be used ONLY in an Emergency. Any other use would be a violation of confidentiality.

- ALL Staff: Keep one copy in site/office file.
- ALL Staff: Email one copy to your Supervisor.
 - Use naming convention, "EECF – First Name Last Name – Date"
- Classroom Staff ONLY: Keep one copy in the bus backpack.

Personal Contact Info:

Name _____ Date of Birth (mm/dd/yyyy) _____

Home Address _____ City, State, ZIP _____

Cell Phone # _____

Relevant Health Information In Case of Emergency: (Allergies, Diabetes...)

List:

Emergency Contact Info:

(1) Name _____ Relationship _____

Address _____ City, State, ZIP _____

Cell Phone # _____

(2) Name _____ Relationship _____

Address _____ City, State, ZIP _____

Cell Phone # _____

Medical Contact Info: In Case of an Emergency, I wish to be treated by:

Doctor Name _____ Clinic _____

Phone Number _____

Hospital Name _____ Address _____

Phone Number _____

I understand that depending on my location and the level of emergency,
I may be brought to the nearest medical facility.

Employee Signature _____ Date (mm/dd/yyyy) _____

Site _____

Supervisors: Keep a copy and print a copy for the Virginia Office's file.