



TEACHER EMERGENCY INFORMATION

(Confidential)

Please put this form in the medical box, or give it to the nurse upon arrival.

School: _____

District: _____

Name _____ Date of Birth _____

Address _____
Street City Zip Code

Telephone () _____

Insurance Carrier _____

Group # _____ I.D.# _____

Work Comp. Policy _____ Work Comp # _____

Do you have a current First Aid Card? Yes No Do you have a current CPR Card? Yes No

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name _____ Telephone () _____

Relationship _____

Address _____
Street City Zip Code

MEDICAL INFORMATION

1. Yes No Are you allergic to any medications?
 If Yes, please list: _____
2. Yes No Do you have any medical conditions (i.e., diabetes, high blood pressure, pregnancy)?
 If Yes, please explain: _____
3. Yes No Do you have any other condition that would restrict your participation?
 If Yes, please explain: _____
4. Yes No Do you take any medication?
 If Yes, please list: _____

Physician _____ Telephone () _____

Address _____
Street City Zip Code

I hereby consent to emergency treatment if the need arises.

Signature Date