

Staff Emergency Medical Form

Please fill out this form and return it to Kathy Gutherie before Friday, September 4th. Thank you!

Section I: Basic Information

Name (Full): _____ Phone: _____

Assignment: _____

Address: _____ Zip: _____

Primary Care Physician & Phone Number: _____

Dentist & Phone Number: _____

Preferred Hospital: _____

Section II: Emergency Contact

If you become ill, who should we contact?

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Section III: Medications/Concerns

List any medications you are presently taking.

Are there any medical concerns the school should be aware of?

Refusal of Medical Care: Please read the statement below. If you choose to refuse medical care, please sign below.

Signature: _____

I deny my consent for medical treatment. I wish the school to take no action or to do the following:

