

Please Complete and Return to Building Secretary

(to be kept on file in building)

**WESTLAKE CITY SCHOOLS
STAFF MEDICAL EMERGENCY INFORMATION**

NAME _____ HOME PHONE _____

CELL PHONE _____

ADDRESS _____ CITY & ZIP _____

IN CASE OF EMERGENCY NOTIFY:

NAME _____ RELATIONSHIP _____

ADDRESS _____ CITY & ZIP _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____

SECOND CONTACT:

NAME _____ RELATIONSHIP _____

ADDRESS _____ CITY & ZIP _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____

DOCTOR _____ PHONE _____

PREFERRED HOSPITAL _____

ALLERGIES OR MEDICAL PROBLEMS _____

I authorize emergency medical care if necessary.

Signature

Date

Date of Birth: ____/____/____