

PENNCREST SCHOOL DISTRICT
Employee Emergency Card

Employee's Name: Sex: M F School Year /
Address: Birthdate: School Year /
Phone Number: School Year /

Person to be Contacted in Event of an Emergency:

Name: Relationship: Place of Employment: Phone:
Work:
Home:
Work:
Home:

Physician's Name: Phone Number:
Address: Ambulance Membership: Yes No

Preferred Hospital: If Yes, Name:

Any Known Allergies? Yes No If Yes, Specify:

Any Known Health Problems? Yes No If Yes, Specify:

Employee's Signature: Date: