

Westbury Public Schools
Westbury, NY

Confidential Emergency Information for Personnel File

(To be submitted to Human Resources the first week of school year)

Date: _____

Name: _____ DOB: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email address: _____

Doctor to be Notified in Case of Emergency – Optional

Name: _____

Address: _____

Phone: _____

Allergies: _____

Any medical information you feel we may need to know: _____

Next of Kin or Persons to be Notified in Case of Emergency

(1)

(2)

Name: _____

Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Relationship: _____

Relationship: _____