

BURRELL SCHOOL DISTRICT – VOLUNTEER EMERGENCY CARE CARD

In case of an emergency it may be necessary to call your family or physician. Please complete the following information: **PLEASE PRINT ALL ITEMS**

Employee's name _____
Last First Middle

Address _____ Home Phone _____

Person to be notified in case of emergency:

Name _____ Relationship _____ Home Phone _____

Address _____ Bus./cell Phone _____

Alternate persons to be contacted:

1. Name _____ Realltionship _____ Home Phone _____

Address _____ Bus./cell Phone _____

2. Name _____ Relationship _____ Home Phone _____

Address _____ Bus./cell Phone _____

Physician to be contacted _____ Phone _____

If unable to contact your family or physician, permission is granted to arrange for emergency hospital treatment if required.

It is necessary that the school be informed of any unusual existing conditions such as Convulsions, Diabetes, Serious Nose Bleeds, Heart Ailments, Rheumatic Fever, Hypertension, Allergies, Etc.

Please specify Allergies –INSECT STING – BEE – WASP – ETC.

I am on medication for _____ Name of medicine _____

School Year _____ Signature _____ Date _____