

Greeneview Schools

Dear Greeneview Employee:

Please fill out the following information and return it to Marsha Haines as soon as possible.

Emergency Contact Information

Your name: _____

Building: _____ Assignment: _____

e-mail address: _____

In case of an emergency, please contact:

Name: _____

Phone number(s): _____ home

_____ work

_____ cell

Relationship to Employee: _____

Address: _____

Are you allergic to any medications? If so, please list.

If you have a change of address/phone #, please complete the following:

New Address: _____

New Phone #: _____