

# STAFF EMERGENCY INFORMATION

## Crestwood Local Schools

### PART I OR II MUST BE COMPLETED

#### Part I - Staff Consent

Bldg.

##### Staff Information:

Legal Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
DOB: \_\_\_\_\_

##### Medical Information:

Family Doctor: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Preferred Hospital\*: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Family Dentist: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Significant Health Problems: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Medications: \_\_\_\_\_

*\*To aid in registration at a hospital, in the event of an emergency, a copy of your medical insurance card(s) may be attached to this form.*

##### Person To Be Notified In Case of Accident/Illness:

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

##### Alternate Person To Be Notified:

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

#### Part II - Staff Refusal To Consent

I DO NOT give my consent for emergency medical treatment of myself. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_