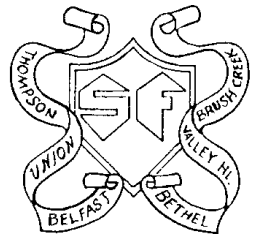


# Southern Fulton School District

## Emergency Contact Information



### Employee Information

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Allergies (optional): \_\_\_\_\_

\_\_\_\_\_

Health Conditions/Medications (optional): \_\_\_\_\_

\_\_\_\_\_

### Medical Contact Information

Doctor Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Please list any relatives you may have working at Southern Fulton School District or on the School Board:

\_\_\_\_\_

\_\_\_\_\_

### Primary Emergency Contact

Name: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

### Secondary Emergency Contact

Name: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

- I have voluntarily provided the above contact information and authorize Southern Fulton School District and its representatives to contact any of the above on my behalf in the event of an emergency.
- I choose not to furnish any emergency contact information to Southern Fulton School District at this time.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_