



Fairport Harbor Exempted Village School District
Staff Emergency & Contact Information

Employee Name: _____

Home Phone: _____

Cell Phone: _____

Emergency Contact Person:

Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

For additional emergency contacts attach additional pages, if necessary

Emergency Medical Information

This information will be kept confidential.

Purpose: To enable Fairport School personnel to give medical information to emergency caregivers for employees who are ill/injured while under school authority.

Facts concerning the employee's medical history including allergies, medications taken, and any health concerns to which a physician should be alerted:

Allergies: _____

Health Concerns: _____

Medications: _____

-I **DO NOT** wish to release my medical information for use in a medical emergency.