



MILLBROOK

CENTRAL SCHOOL DISTRICT
Office of Business and Personnel

Elliot Garcia
Assistant Superintendent

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Once completed, this form needs to be returned to the Nurse's office in the building to which you are assigned.

STAFF EMERGENCY INFORMATION

Staff member _____

Emergency contacts:

1st Name _____ Relationship _____
Cell # _____ Home # _____
Work # _____

2nd Name _____ Relationship _____
Cell # _____ Home # _____
Work # _____

3rd Name _____ Relationship _____
Cell # _____ Home # _____
Work # _____

Health information:

Preferred hospital _____

Allergies _____

☐ Anaphylaxis ☐ Epi Pen

Medications _____

Other important health information _____

Any other important information _____

