

Blair Community Schools Staff Emergency Contact Information

Employee Name: _____
Address: _____
City/St./Zip Code: _____
Home Phone: _____
Cell Phone: _____
Email: _____
Building/Department: _____

Emergency Contact #1

Name: _____
Relationship: _____
Home Phone: _____
Cell Phone: _____
Place of Employment: _____
e-mail Address: _____

Emergency Contact #2

Name: _____
Relationship: _____
Home Phone: _____
Cell Phone: _____
Place of Employment: _____
e-mail Address: _____

Please return to your Principal/Supervisor

Date _____