



**VALLEY VIEW**  
LOCAL SCHOOLS  
59 Peffley St Germantown OH 45327 (937) 855.6581

**PERSONAL INFORMATION RECORD**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_ SSN \_\_\_\_\_  
ZIP CODE \_\_\_\_\_

SCHOOL \_\_\_\_\_ POSITION \_\_\_\_\_

MARITAL STATUS  MARRIED  NOT MARRIED

IF MARRIED, SPOUSE'S NAME \_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PLACE OF EMPLOYMENT, IF APPLICABLE \_\_\_\_\_

PHONE \_\_\_\_\_

IN CASE OF EMERGENCY, NAME OF DOCTOR TO NOTIFY \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

HOSPITAL PREFERENCE \_\_\_\_\_

DO YOU HAVE ANY HEALTH PROBLEMS OR TAKE MEDICATION THAT THE SCHOOL NURSE SHOULD BE AWARE OF? IF SO, EXPLAIN:

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

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE

Note: This form will be sent to the Board of Education Office for a personnel file update and then a copy returned to the employee's school for use in case of emergency.