



PENNSAUKEN PUBLIC SCHOOLS

Central Administration | 1695 Hylton Road
Pennsauken, NJ 08110 | 856.662.8505 | www.Pennsauken.net

STAFF HEALTH EMERGENCY INFORMATION

Name _____ D.O.B _____

Address _____ Phone _____

Please list two individuals who can be contacted in case of emergency:

1st Choice:

Name _____ Relationship _____

Home _____ Work _____ Cell _____

2nd Choice:

Name _____ Relationship _____

Home _____ Work _____ Cell _____

Primary Doctor:

Name _____ Office Phone _____

Hospital of Choice: _____

Updated Health Information (include allergies, chronic health conditions, medications, etc.)

I give permission for the school nurse, or other designated PPS employee, to contact the person(s) listed on this information card in the case of an emergency. I understand that this health and emergency information card will be kept confidential and in the nurse's office in my assigned building(s). I further understand that relevant information on this card may be shared with appropriate school personnel and other health care providers as necessary, only in an urgent or emergency situation.

Employee Signature

Date