EMERGENCY CONTACT FORM

Craven COUNTY SCHOOLS

Name _____

Personal Contact Info:

Home Address _____
City, State, ZIP _____
Home Telephone # _____ Cell # _____

Emergency Contact Info:

(1) Name _____ Relationship _____
Address _____
City, State ZIP _____
Home Telephone # _____Cell # _____
Work Telephone # _____Employer _____

(2) Name _____Relationship _____
Address _____
City, State ZIP _____
Home Telephone # _____Cell # _____
Work Telephone # _____ Employer _____

Medical Contact Info:

Doctor Name _____ Phone # _____
Dentist Name _____Phone # _____

I have voluntarily provided the above contact information and authorize Craven County Schools and its representatives to contact any of the above on my behalf in the event of an emergency.

Employee Signature _____
Date _____