




**Gold Trail Union School District  
STAFF EMERGENCY INFORMATION**

**CONFIDENTIAL INFORMATION - ADMINISTRATION USE ONLY**

Last Name _____
First Name _____
Date of Birth (Needed for Hospital Admission): _____
Address _____
City _____ Zip _____
 Home Phone _____
 Cell Phone _____
 e-mail _____

*In case of emergency, illness or accident, the District is authorized to contact the following:*

<b>✚</b> Contact Name	Home Phone Cell Phone	Relationship to Employee
<b>✚</b> Contact Name	Home Phone Cell Phone	Relationship to Employee
<b>✚</b> Contact Name	Home Phone Cell Phone	Relationship to Employee

Regular Physician	Phone
Regular Dentist	Phone
Allergic Reactions To	
Medications Taken Regularly	
Significant Health Concerns	
Medical Insurance Carrier	

 Signature	Date Signed
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