GIBBSBORO ELEMENTARY SCHOOL DISTRICT

Grades PS through 8

## *Staff Emergency Form*

Date: _____

Full Name: _____ DOB: _____
(Last) (First)

Address: _____ Phone: _____

Family Physician: _____ Phone: _____

***Emergency Contacts:***

Name: _____ Relation: _____

Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Name: _____ Relation: _____

Address: _____

Phone: Home: _____ Work: _____ Cell: _____

***Please list any medical problems***:

* _____

* _____

***List of medications you are taking:***

* _____

* _____

In case of extreme emergency, which hospital do you prefer? _____

_____
Signature Date