

PLUMAS LAKE ELEMENTARY SCHOOL DISTRICT
EMERGENCY INFORMATION

Employee's Legal Name: _____ DOB: _____

Home Address: _____

NEW

_____ Phone: () _____

Home e-mail _____ Cell Phone: () _____

IN CASE OF EMERGENCY PLEASE NOTIFY:

Name: _____ Phone: () _____

Name: _____ Phone: () _____

MEDICAL INFORMATION:

Doctor: _____ Phone: () _____

Address: _____

Insurance Coverage: _____

Do you have any physical condition that would be significant in a medical emergency: (Include medication taken regularly-include any allergy to medication.)

Signature: _____

Site: _____ Position: _____

PLEASE NOTIFY THE DISTRICT OFFICE OF ANY CHANGES THROUGHOUT THE YEAR.