

CELEBRATE THE CHILDREN STAFF EMERGENCY INFORMATION

Employee Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____ Carrier: _____

HOW DID YOU HEAR ABOUT THE POSITION: _____

-- Please indicate by asterisk (*) which number you prefer for the Honeywell Alert System.

Email Address: _____

Vehicle Make, Model, Color & License Plate Number: _____

Emergency Contact Person #1: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Emergency Contact Person #2: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

MEDICAL HISTORY (VOLUNTARY)

PLEASE LIST:

Allergies and Reactions: _____

Injuries: _____

Medications: _____

Hospital of Choice: _____

I understand this information will remain on file during the length of my employment. I also agree and understand it is my responsibility to notify the Business Office of any changes in the information stated above by submitting an updated form.

Employee Signature: _____ Date: _____