

Yolo County
OFFICE OF
EDUCATION

STAFF EMERGENCY CARD

PERSONAL INFORMATION

Name: _____

Home Address: _____
City/State/Zip

Home Phone: _____ Cell Phone: _____ Personal Email: _____

EMERGENCY CONTACT

Physician's Name: _____ Phone: _____

Medical Insurance: _____

In case of an emergency, notify:

(Name) (Relationship) (Phone)

(Name) (Relationship) (Phone)

Please list any allergies or significant medical needs/problems that should be communicated to a doctor in a medical emergency:

Signature

Date