

Metro Deaf School  
District #4005  
Employee Emergency Information

**Personal Data:** To be shared in a staff directory (distributed to staff only) and on the phone tree for emergencies. Does not include your social security number or other health information.

Today's Date: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_  
Last first middle initial

Date of birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Street Address  
\_\_\_\_\_

City/State/Zip  
\_\_\_\_\_

Please circle Voice/TTY/VP

Telephone/ VP: (include area code) \_\_\_\_\_ E-Mail Address \_\_\_\_\_ Pager \_\_\_\_\_

**Emergency Information:**

Persons to notify in the event of an emergency	Relationship	Daytime Phone
1. _____	_____	_____
2. _____	_____	_____

Significant health problems:  
\_\_\_\_\_

Allergies or drug sensitivities:  
\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital of Preference: \_\_\_\_\_

Are you CPR certified?     No     Yes    Date of Expiration: \_\_\_\_\_

Are you First Aid certified?     No     Yes    Date of Expiration: \_\_\_\_\_