



RED CLAY CONSOLIDATED
SCHOOL DISTRICT

Employee Emergency Contact Information

Name: _____ DOB: _____

Personal Contact Info:

Home Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Emergency Contact Info:

(1) Name _____ Relationship _____

Home Telephone # _____ Cell # _____

Work Telephone # _____

(2) Name _____ Relationship _____

Home Telephone # _____ Cell # _____

Work Telephone # _____

Medical Info:

Allergies: (medications, foods, environmental) _____

Medications _____

Dosage & Reason for taking _____

Physician _____ Telephone # _____

I have voluntarily provided the above contact information and authorize RCCSD and its representatives to contact any of the above on my behalf in the event of an emergency.

Employee Signature _____ **Date** _____