To Scott County Employees:

We are asking that you complete the following information in case of an emergency. It will be kept in the office and accessed only if the need arises. After completing the form, place it in an envelope, seal it, and sign the back. It will be returned to you at the end of the school year and will be updated annually as needed.

EMPLOYEE HEALTH INFORMATION

Name:_____
Address:_____
_____
Home Phone:_____

Spouse's Name:_____
Spouse's Place of Employment:_____
Work Phone:_____
Cell Phone:_____

Emergency Contact:_____
Phone:_____

Physician:_____
Physician's Address:_____
_____
_____
Physician's Phone:_____

Any serious health condition?_____
Any regular prescription medication?_____
_____
Hospital preference?_____

Comments:_____
_____
_____
_____
_____
_____