Camanche Community School District

Employee Emergency Contact Information 2024-2025

Name: _____

In the case of an emergency I would like these individuals contacted:
(List in order of what persons you would want contacted first, second, etc…)

1. Name: _____
   Address: _____
   Phone:(home)_____
   (work)_____
   (cell)_____
2. Name: _____
   Address: _____
   Phone:(home)_____
   (work)_____
   (cell)_____
3. Name: _____
   Address: _____
   Phone:(home)_____
   (work)_____
   (cell)_____

☐ I understand that the listing of medications, allergies and health conditions information will only be used in an emergency situation.

Medications:_____

Allergies:_____

Health conditions:_____

☐ I have exercised my right to not reveal the medication, allergies and health conditions information.

Employee Signature _____ Date _____

Please visit Weblink found on the school website / human resources also for updating changes to the above information.

******* Please return to your building office *******