



**EMERGENCY/PERSONNEL
INFORMATION (ELS-F007)**

School _____ School Year _____

**TO BE COMPLETED BY ALL EMPLOYEES AND RETURNED TO THE SCHOOL OFFICE.
IT IS IMPORTANT THAT YOUR NAME IS WRITTEN AS IT IS IN THE PAYROLL
DEPARTMENT AT THE CENTRAL OFFICE.**

Name _____
Last First Middle

Address _____
Street, Apartment, Route or Box #

City State Zip Code

Date of Birth _____

Cell No. _____ Unlisted? ____ Yes ____ No

Spouse's Name _____ Phone _____

Vehicle(s) Driven:

	Make	Model	Color	License No.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

ADDITIONAL PERSON(S) (BESIDES SPOUSE) TO BE CONTACTED IN CASE OF EMERGENCY:

_____ Phone No. _____

_____ Phone No. _____

PLEASE LIST ANY MEDICAL/ALLERGY PROBLEMS WE SHOULD BE AWARE OF:

