

Northumberland County Career and Technology Center
Faculty 2014 – 2015 Emergency Information

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

1). Designated Emergency Contact Name:

_____ Relationship: _____

Contact Number: (____) _____ Cell Phone: (____) _____

2). Designated Emergency Contact Name:

_____ Relationship: _____

Contact Number: (____) _____ Cell Phone: (____) _____

Physician's Name: _____ Phone: (____) _____

Please note any medical information that you would like to document for the school nurse-
Example...allergies, seizures, etc.)

In case of an accident or serious illness, I request that the school contact my designated emergency contact listed above. If this cannot be done, I authorize the school to contact the physician listed on this form or seek medical services that are necessary. I understand that the school is not responsible for payment of medical expenses.

Employee's Signature: _____ Date: _____

(Please note that this information will remain confidential and in the possession of the school nurse. If any information changes during the school year, notify the nurse immediately)