

# Harrisonville Cass R-IX School District Emergency Contact Information

Employee: \_\_\_\_\_

In the event of an emergency, I authorize the following individual(s) to be contacted and the following information to be released on my behalf. I understand that the information on this sheet will be disclosed only as necessary to care for my emergency needs and will remain in effect until changed or withdrawn by me, or until my departure from employment with the school district.

Signature	Date
Name: _____ Relation: _____	
Address: _____	
Home Phone: _____ Work Phone: _____	
Cell Phone: _____	

Name: _____ Relation: _____	
Address: _____	
Home Phone: _____ Work Phone: _____	
Cell Phone: _____	

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

Comments/Additional Information: \_\_\_\_\_