



EMPLOYEE EMERGENCY PROCEDURE AUTHORIZATION

Name: _____ Position: _____
Last First Middle

Address: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____ DOB: _____

In case of illness, accident, or emergency involving the adult named above, the school is authorized to proceed as indicated, in numerical order of desired action. If the procedure indicated is not successful, the school is authorized to take this person to the nearest hospital.

_____ Contact Relative: _____ Phone: _____

_____ Contact Friend: _____ Phone: _____

_____ Contact Physician: _____ Phone: _____

_____ Take to Hospital: _____ Phone: _____

_____ Other Desired Procedure: _____

If you take medications, have allergies, or wear glasses, contacts, or dentures, please indicate: _____

Insurance Coverage and Group/ID Policy# other than SWSF coverage: _____

Date: _____ Signature of Staff Member: _____