Office Distribution
☐ File ☐ Receptionist
Date of Hire: _____

Summerfield | WALDORF SCHOOL AND FARM

EMPLOYEE EMERGENCY PROCEDURE AUTHORIZATION

Name _____ Position: _____
Last First Middle I.

Address _____

Home PH _____ Cell PH _____

Email Address _____ Birth Date: _____

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: (Name) _____ (Phone) _____

_____ Contact friend: (Name) _____ (Phone) _____

_____ Contact physician: (Name) _____ (Phone) _____

_____ Take to hospital (Name) _____ (Phone) _____

_____ Other desired procedure _____

If you take medication, 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: _____