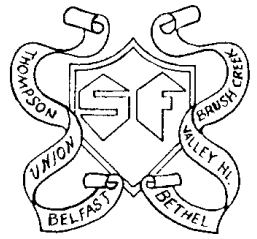


Southern Fulton School District

Emergency Contact Information



Employee Information

Name: _____

Department: _____

Allergies (optional): _____

Health Conditions/Medications (optional): _____

Medical Contact Information

Doctor Name: _____ Phone # _____

Dentist Name: _____ Phone # _____

Please list any relatives you may have working at Southern Fulton School District or on the School Board:

Primary Emergency Contact

Name: _____

Relationship to Employee: _____

Daytime Phone: _____ Evening Phone: _____

Secondary Emergency Contact

Name: _____

Relationship to Employee: _____

Daytime Phone: _____ Evening Phone: _____

- I have voluntarily provided the above contact information and authorize Southern Fulton School District and its representatives to contact any of the above on my behalf in the event of an emergency.
- I choose not to furnish any emergency contact information to Southern Fulton School District at this time.

Employee Signature: _____ Date: _____