

North Central Ohio Educational Service Center

Emergency Medical Form

Name _____ Phone _____

Address _____ City, State, Zip _____

Title _____ Building _____

Date of Birth _____ Date of Hire _____

Allergies _____

Medications _____

IN CASE OF MEDICAL EMERGENCY, SCHOOL OFFICIALS SHOULD CONTACT:

Primary Contact

Name _____
Relationship _____
Location _____
City _____
Daytime Phone Number _____
Daytime Cell Phone Number _____

Secondary Contact

Physician _____ Physician Phone _____

Dentist _____ Dentist Phone _____

Hospital _____ Hospital Phone _____

If you have no one to list as a contact person, or if that person can not be located, what procedures should be followed.

Signature _____

Date _____