

SALEM SCHOOL DISTRICT
CONFIDENTIAL STAFF EMERGENCY INFORMATION

Dear Salem School District Staff Members,

Please complete the emergency information form and return to the Human Resources Office as soon as possible. Thank you.

Jennifer Kayser
Executive Assistant to the Superintendent

NAME: _____

ADDRESS: _____

HOME PHONE #: _____ CELL PHONE #: _____

EMAIL ADDRESS: _____

In the event of an emergency, please list the names and telephone numbers of two individuals you would like the school to contact:

EMERGENCY CONTACT #1:

NAME: _____ RELATIONSHIP: _____

HOME PHONE #: _____ CELL PHONE #: _____

WORK PHONE #: _____

EMERGENCY CONTACT #2:

NAME: _____ RELATIONSHIP: _____

HOME PHONE #: _____ CELL PHONE #: _____

WORK PHONE #: _____

Do you give the school permission to transport you to the nearest medical facility should you incur serious illness or injury during normal work hours? Yes _____ No _____

Signature

Date