

**Bon Homme School District #04-2  
Employee Emergency Contact Form**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Home E-Mail Address: \_\_\_\_\_

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

**Emergency Contact #1:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**Emergency Contact #2:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**Do you give us permission to transport you to the nearest medical facility should you incur serious illness or injury during normal work hours?**

Circle:    Yes                      No

**If yes, please indicate the name and contact telephone number of the physician or health care provider that you would like for us to contact:**

Name: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_

Phone: \_\_\_\_\_

**Are you allergic to any medications? (please list)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_