

ALDERSGATE PRESCHOOL
STAFF EMERGENCY CONTACT INFORMATION SHEET

Employee Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

First Contact

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Second Contact

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Emergency Information

Name of Preferred Hospital _____

Physician's Name: _____ Phone: _____

Insurance Information: _____

Allergies: _____

Medications: _____

Employee Signature: _____ **Date:** _____