



EMPLOYEE EMERGENCY MEDICAL INFORMATION FORM

In case of a medical emergency the following key information would be of great value to attending medical personnel in helping to diagnose and treat a medical problem. Kindly complete this **CONFIDENTIAL** form which will be kept in your personal file to be used **only** in the case of a medical emergency. This form should be returned to _____ upon completion.

Employee Name: _____

Home Address: _____

Home Telephone: _____

IN CASE OF A MEDICAL EMERGENCY WHO SHOULD BE NOTIFIED?

Name _____ Address _____

City _____ Postal Code _____ Home Tel: _____

Business Tel: _____ Cell: _____

PERSONAL PHYSICIAN

Name _____

Address _____

City _____ Postal Code _____

Telephone _____

DO YOU HAVE ANY KNOWN ALLERGIES? Yes _____ No _____

If yes, please list the things you are allergic to including any medication:

DO YOU TAKE ANY MEDICINE REGULARLY?

Yes _____ No _____

If yes, please list the name of medicines

DO YOU HAVE ANY CHRONIC AILMENTS?

Yes _____ No _____

If yes, please describe:

OTHER INFORMATION YOU FEEL IS IMPORTANT FOR THIS MEDICAL RECORD

(i.e., contact etc.)

WHAT IS YOUR BLOOD TYPE?

I give my employer the right, in the case of a medical emergency, to provide the above Information to attending medical personnel.

Employee Signature: _____

Date: _____

This form must be filled by all employees of Army Public School & College System and kept in:

- a. Personal Dossier*
- b. Principal's Office*
- c. Backup soft copy to be sent and data maintained in the Regional office.*