

Sisters School District # 6

Employee Emergency Contact Information

Employee Name: _____

Position: _____

Site/Location: _____

Emergency Contact Information:

Emergency Contact # 1 Information:

Name: _____

Relationship: _____

Phone Number: _____

Emergency Contact # 2 Information:

Name: _____

Relationship: _____

Phone Number: _____

Medical Facility Contact Information (Optional):

Dr: _____

Facility Name: _____

Phone Number: _____