

HAMILTON COMMUNITY CONSOLIDATED SCHOOL DISTRICT NO.328
EMPLOYEE EMERGENCY CONTACTS
2010-2011

EMPLOYEE _____

Employee's Doctor & Phone No. _____ Hospital Preference _____

Contact 1 _____ Relationship _____
(Mother, Father, Friend, etc.)

Contact's Address _____

Phone Numbers _____
Home Number Work Number Cell Number

Contact 2 _____ Relationship _____
(Mother, Father, Friend, etc.)

Contact's Address _____

Phone Numbers _____
Home Number Work Number Cell Number

Contact 3 _____ Relationship _____
(Mother, Father, Friend, etc.)

Contact's Address _____

Phone Numbers _____
Home Number Work Number Cell Number

Contact 4 _____ Relationship _____
(Mother, Father, Friend, etc.)

Contact's Address _____

Phone Numbers _____
Home Number Work Number Cell Number