

Kingsway Regional School District

EMPLOYEE EMERGENCY CARD

DATE: _____ DATE OF BIRTH: _____

NAME: _____
Last First M

ADDRESS: _____
Street City State Zip Code

PHONE: H () _____ OCCUPATION: _____

C () _____ FAMILY DR.: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: _____
Name Relationship

PHONE (H) () _____

PHONE (C) () _____

OPTIONAL: PLEASE LIST ANY MEDICAL INFORMATION OF IMPORTANCE:

