

Northern Buckeye Education Council
Staff Emergency Medical Information

Name: _____ Date: _____

Physician: _____ Phone #: _____

Physician: _____ Phone #: _____

Dentist: _____ Phone #: _____

Hospital of Preference: _____

First person to contact:

Name: _____ Relationship: _____

Work #: _____ Ext. _____ Home #: _____

Does this person need to be reached by cell phone/pager? Yes No

Cell phone #: _____

Pager procedure: _____

Second person to contact (if first contact cannot be reached):

Name: _____ Relationship: _____

Work #: _____ Ext. _____ Home #: _____

Does this person need to be reached by cell phone/pager? Yes No

Cell phone #: _____

Pager procedure: _____

Third person to contact (if first and second contacts cannot be reached):

Name: _____ Relationship: _____

Work #: _____ Ext. _____ Home #: _____

Does this person need to be reached by cell phone/pager? Yes No

Cell phone #: _____

Pager procedure: _____