

**SAN BENITO HIGH SCHOOL DISTRICT
STAFF EMERGENCY INFORMATION FORM
20__ - 20__**

Name _____ Birthdate _____
Last First MI

Address _____ Home Phone (_____) _____
Street City
State Zip Cell Phone (_____) _____

Physician _____ Phone(_____) _____
Last First MI

Address _____
Street City State Zip

Special Health Conditions: _____

Allergies: _____

Medications: _____

In case of an emergency, please list below at least two people we may contact.

Name _____ Relationship _____
Last First MI Home Phone(_____) _____

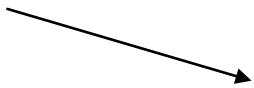
Address _____ Work Phone(_____) _____
Street City State Zip

Name _____ Relationship _____
Last First MI Home Phone(_____) _____

Address _____ Work Phone(_____) _____
Street City State Zip

Name _____ Relationship _____
Last First MI Home Phone(_____) _____

Address _____ Work Phone(_____) _____
Street City State Zip



SIGNATURE

DATE