



EMERGENCY CONTACT INFORMATION

Employee's Name: (Please Print)	
Personal Email Address:	
Date of Birth:	

The Human Resources Office should be notified of any change in address or telephone number made throughout the school year.

Please List Current:

Street Address	
City and Zip	
Phone #	

In case of emergency, who should the district/school contact?

Emergency Contacts:

1. Name:	
Relationship:	
Phone Number(s): (include area code)	<input type="checkbox"/> Cell ()
	<input type="checkbox"/> Home ()
	<input type="checkbox"/> Work ()

2. Name:	
Relationship:	
Phone Number(s): (include area code)	<input type="checkbox"/> Cell ()
	<input type="checkbox"/> Home ()
	<input type="checkbox"/> Work ()

IMPORTANT NOTE: Should you incur serious illness or injury during work hours we would transport you to the nearest medical facility.

Employee Signature:	Date:
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Please return this form to the School District of Whitefish Bay Human Resources Office.