



HARDING TOWNSHIP SCHOOL
STAFF EMERGENCY INFORMATION FORM

TO: All Staff
FROM: Dawn McDonough
School Nurse
SUBJECT: Emergency Information

This information will be kept on file in the Health Office to be used in the event of a personal emergency. PLEASE RETURN IMMEDIATELY. Thank you!

EMERGENCY NOTIFICATION INFORMATION

Name: _____ Telephone: _____

Person to be notified in the event of an emergency:

1. _____ Telephone: _____

2. _____ Telephone: _____

Physician: _____ Telephone: _____

Hospital of Preference: _____
(In the event of an emergency, transportation will be to the closest emergency room.)

General Comments:
