



STAFF AND VOLUNTEER EMERGENCY INFORMATION

Please complete this form with a dark pen.

Name	Title (Lead, Aide, Volunteer)	Cell phone
Address	Email	Home phone
<p>A minimum of two emergency contacts must be listed. Attempts will be made to contact these individuals in the order listed in case of an emergency. Please ensure one emergency contact lives in the Bridgewater/Harrisonburg/Staunton area.</p>		
Contact #1		Relation
Complete address	Phone number(s)	
Contact #2		Relation
Complete address	Phone number(s)	
<p>Physician</p>		
Physician		Physician's phone number
<p>Do you have a chronic health condition or health limitations CELC administration should be aware of in case of an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe _____</p>		
<p>Do you have any food or other allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list _____</p>		
<p>Steps to take in the event of a suspected or confirmed allergic reaction:</p> <p>If medication is to be kept on site and administered during an allergic reaction, a <i>Medication Authorization Form</i> must be signed and dated by the staff person's physician. Has this form been submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>I authorize the staff of the Connections Early Learning Center to obtain immediate medical care if an emergency occurs and an emergency contact cannot be located immediately.</p>		
_____	_____	_____
Date	Printed name	Signature