

EMPLOYEE ADDRESS/EMERGENCY CONTACT FORM

SCHOOL: _____

TITLE/POSITION: _____

EMPLOYEE NAME: _____

MAILING ADDRESS: _____

PHYSICAL (911) ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____ **WORK PHONE:** _____

CELL TELEPHONE: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____

EMERGENCY CONTACT: _____

Name and Relationship

HOME PHONE: _____ **WORK PHONE:** _____ **CELL:** _____

ALTERNATE CONTACT: _____

Name and Relationship

HOME PHONE: _____ **WORK PHONE:** _____ **CELL:** _____

PHYSICIAN'S NAME: _____ **PHONE:** _____

DENTIST'S NAME: _____ **PHONE:** _____

ALLERGIES: _____

OTHER IMPORTANT INFO: _____

SIGNATURE _____ **DATE:** _____

- If changes occur during the school year, please fill out a new form, give a copy to your school administrative assistant and forward the original to Kathy Velsor, HR Coordinator at the WCSU Central Office, 1218 VT Route 30, Townshend, VT. 05353. Thank You.