

MANHATTAN-OGDEN USD 383
MANHATTAN, KS
FACULTY AND STAFF EMERGENCY FORM

Name _____ School _____

(In case of an emergency please notify: (list two persons)

Name _____ Home Phone _____

Relationship _____ Business Phone _____

Address _____

City State

Name _____ Home Phone _____

Relationship _____ Business Phone _____

Address _____

City State

Indicate the Doctor of your choice:

First Choice _____ Phone _____

Second Choice _____ Phone _____

Indicate the hospital you prefer _____

Physical Condition that should be noted:

Diabetes _____ Heart _____ Other _____

Indicate Allergies _____

If under medication please indicate: _____

Other information: _____

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