

**Fallsburg Central School District
Confidential Employee Emergency and Health Information**

(Please complete and return to the Superintendent's Office)

PERSONAL INFORMATION	
Name:	
Mailing Address:	
Physical Address:	
Home Phone:	
Cell Phone:	
EMERGENCY CONTACT INFORMATION	
Name:	
Relationship:	
Daytime Phone:	
Cell Phone:	
Name:	
Relationship:	
Daytime Phone:	
Cell Phone:	
MEDICAL INFORMATION	
Please list any known medical conditions you would want known in case of emergency:	
Please list any known allergies:	
Physician's Name:	
Physician's Phone Number:	