



## STAFF EMERGENCY CONTACT INFORMATION (CONFIDENTIAL)

School Year: 2023/2024

PLEASE MARK IF THIS IS A CHANGE

**\*\*\*RETURN TO BUILDING SECRETARY\*\*\***

Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(Street) (City) (Zip)

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

- Yes, I would like to be listed in an Eastpointe Community Schools Directory
- Please just list my cell phone number in an Eastpointe Community Schools Directory
- No thank you, please do not list my personal information in a Eastpointe Community Schools Directory

### EMERGENCY CONTACTS

Please list individuals who can be contacted in case of an emergency

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

### MEDICAL INFORMATION

2. Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Any medical allergies or concerns that we should be aware of?

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