GREENCASTLE-ANTRIM SCHOOL DISTRICT E.O.E.
DR. LURA HANKS, Superintendent
DR. EDWARD RIFE, Assistant Superintendent
CAROLINE ROYER, Chief Financial Officer
GINGER THOMPSON, Special Education Director
500 East Leitersburg Street
Greencastle, PA 17225
(717) 597-3226

EMPLOYEE EMERGENCY CONTACT FORM

(Please print neatly)

LAST NAME: _____ FIRST NAME: _____

CHECK BUILDING THAT YOU WORK IN (check all that apply):

____ Primary
____ Middle
____ Administration Office
____ Elementary
____ High
____ Technology House

*****EMERGENCY CONTACT INFORMATION – PRIMARY*****

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

*****EMERGENCY CONTACT INFORMATION – ALTERNATE*****

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

LIST ANY SPECIAL HEALTH CONDITIONS OR CONCERNS (allergies, diabetes, pacemaker, etc.)
If none, please write "NONE" in the space provided:

_____

_____

_____

EMPLOYEE EMERGENCY CONTACT FORM (*cont.*)

PREFERRED HOSPITAL: _____

DO YOU REQUIRE ASSISTANCE IN THE EVENT OF AN EVACUATION DUE TO A DISABILITY OR MEDICAL CONDITION?

____Yes ____No

IF ASSISTANCE IS NEEDED, WHAT TYPE OF ASSSISTANCE WOULD BE NEEDED?

The Americans with Disabilities Act (ADA) has provisions that require all employees to keep medical information about employees confidential. The information provided will be managed by the Greencastle-Antrim School District's Human Resource Department and will be kept in strict confidence. The ADA provisions, however, include and exception that your medical information can be provided to first aid and safety personnel. The information provided will also be shared with the District's school nurses and LPNs in order to best assist you in an emergency. Needed evacuation assistance will also be shared with each building's emergency coordinator in order for him or her to fulfill their responsibilities. Please contact the HR Department when updates are needed to your information. A new form will need to be completed. Our assistance is only as good as the accuracy of your provided information.

I have voluntarily provided the above contact information and authorized the Greencastle-Antrim School District and its representatives to contact any of the above on my behalf in the event of an emergency.

_____
Signature

_____
Print Name

_____
Today's Date