

Name

Address

For the school year

Phone #1

Phone #2

(These are the numbers also used for ConnectED calls)

Work Location - Check ALL that apply

<input type="checkbox"/> Support Services	<input type="checkbox"/> Transportation	<input type="checkbox"/> District Office	<input type="checkbox"/> Stillaguamish Valley School	<input type="checkbox"/> Weston	<input type="checkbox"/> Haller	
<input type="checkbox"/> APPLE	<input type="checkbox"/> Eagle Creek	<input type="checkbox"/> Kent Prairie	<input type="checkbox"/> Pioneer	<input type="checkbox"/> Presidents	<input type="checkbox"/> Arlington High	<input type="checkbox"/> Post

Emergency contact #1

Relationship to employee

Phone #1 Phone #2

Emergency contact #2

Relationship to employee

Phone #1 Phone #2

Emergency contact #3

Relationship to employee

Phone #1 Phone #2

Information that may be useful in the event of an emergency (optional)

Allergies to:

Medications taken:

Medical condition:

Hospital preference

Physician's name and phone

Please send an electronic copy to your building nurse (secretary for transportation and support services) and to Kathleen Parra in HR.