

INDEPENDENT SCHOOL DISTRICT 16  
STAFF EMERGENCY FORM

*TO BE KEPT ON FILE IN THE EMPLOYEE'S BUILDING LOCATION*

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**In case of Emergency or serious injury, I authorize Independent School District 16 (Principal / Supervisor) to contact the following family member or friend:**

**1. Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

OR

**2. Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**My doctor/dentist/clinic is:** \_\_\_\_\_

**Please list any physical condition/disability that may contribute to an illness/injury if an emergency situation should occur.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am aware that the District has a Managed Care Program for District 16 employees who are injured while at work. If an emergency or injury occurs while at work, my Principal / Building Nurse / Supervisor will arrange for me to be seen as quickly as possible at Fridley Medical Center, or in case of severe injury or emergency, at Unity Emergency Room.

In the event that one of the contact persons listed above cannot be reached, I authorize the school district to transport me to the nearest medical facility for treatment.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date