

Southern Oregon Education Service District

Emergency Contact Information

Occasionally there is a need to contact someone, whom you authorize, in an emergency situation. This information will be filed in the Human Resources Department and will be maintained in a confidential manner.

Name: _____ Date: _____

Address: _____ City: _____ State: _____

Zip: _____ Home Phone: _____ Cell Phone: _____

Emergency Contacts:

Contact: _____ Phone: _____

Relationship: _____

Contact: _____ Phone: _____

Relationship: _____

Hospital Preference: _____

Insurance Company: _____

Group/ID Number: _____ Phone: _____

Special Information or Instructions: _____

I hereby authorize that the appropriate steps be taken in case of an emergency.

Signed by

Date