

Camden High School

Staff Emergency Form

Name: _____

Address: _____

Telephone: _____

In case of an emergency, please list who should be contacted

1st Name: _____

Address: _____

Telephone: _____

Doctor to be notified:

Name: _____

Address: _____

Telephone: _____

Hospital Preference: _____

Physical Conditions: **(X)** Please check all that apply

Diabetes _____ High Blood Pressure _____

Heart _____ Allergies _____ Epilepsy _____

Other – Please Specify: _____

Are you taking any medications? Yes _____ No _____

If yes, please specify: _____

Any additional information: (Please feel free to indicate on the back of this form)

Please complete and return to the Main Office

A copy of this form will be on file in the Main Office and with the School Nurse.