WOODSIDE ELEMENTARY SCHOOL DISTRICT

EMPLOYEE INFORMATION

EMPLOYEE INFORMATION

NAME:_____

HOME ADDRESS:_____

PHONE: _____ CELL: _____

EMERGENCY CONTACTS

Name: _____ Phone(s): _____

Name: _____ Phone(s): _____

Name: _____ Phone(s): _____

Please list any medical conditions or allergies:

_____

Please list any medications you must take and/or are allergic to:

_____

Please list the name, address and phone number of your doctor:

_____

Name: _____ Phone: _____

Address:

_____

In the event of serious illness, injury or catastrophic events, if your emergency contract cannot be reached, do you give permission for the school to obtain necessary medical or non-medical assistance, if needed for you? YES _____ NO _____

I hereby indemnify and hold harmless from any demands, claims, actions, suits or any liability of any nature or kind, any and all personnel, employees, and agents of said district who may act pursuant to above instructions.

Signed _____

Date _____

District Use Only:

PowerSchool ☐ Personnel File ☐ Payroll ☐ Benefits (Dental & Vision) ☐