

**EMERGENCY DATA FOR PERSONNEL  
DIOCESE OF MADISON**

SCHOOL YEAR FOR WHICH THIS FORM WAS COMPLETED: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Hospital: \_\_\_\_\_ City: \_\_\_\_\_

FIRST Person to be notified in case of an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

SECOND Person to be notified in case of an emergency (if the first cannot be reached):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

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