

EMERGENCY CONTACTS

In case of an emergency Umatilla-Morrow Head Start, Inc. needs the name, address, and telephone number of a contact person. This information will be kept in your personnel file.

Name: _____

Address: _____

Telephone (Home): _____ Telephone (Work): _____

Alternate

Name: _____

Address: _____

Telephone (Home): _____ Telephone (Work): _____

If the above emergency contact people cannot be reached at the time of an emergency may UMCHS seek medical evaluation at a local health care facility?

Yes No

If the attending Health Care Provider recommends medical intervention and you or your emergency contact are unable to provide approval, do you give permission for treatment?

Yes No

In case of an emergency the following information may be shared with the Health Care Provider.

Medical Problems _____

Allergies _____

Medications _____

Signature _____ Date _____