



SERVING...Umatilla, Morrow, Grant, Wallowa, Sherman, Wheeler, & Gilliam Counties



SERVING...Umatilla, Morrow & Wheeler Counties



Child Care Resource & Referral

SERVING...Baker, Grant, Harney, Malheur, Morrow, Umatilla, Union, & Wallowa Counties



SERVING...Umatilla, Morrow & Union Counties



**Family Support and Connection**

SERVING...Umatilla & Morrow Counties



OREGON PARENTING EDUCATION COLLABORATIVE

SERVING... Umatilla, Morrow, & Union Counties



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**Car Seat Program**

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## EMERGENCY CONTACT FORM

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

Employee Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone (Home/Cell): \_\_\_\_\_ Personal email address: \_\_\_\_\_

### Primary Emergency Contact:

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

Telephone (Home/Cell): \_\_\_\_\_ Telephone (Work): \_\_\_\_\_

### Secondary Emergency Contact:

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

Telephone (Home/Cell): \_\_\_\_\_ 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 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 \_\_\_\_\_