CHILDREN FIRST
CHILD DEVELOPMENT CENTER

CHEERS School Family, Inc.
Staff Emergency Form

EMPLOYEE INFORMATION

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ DOB: _____

EMERGENCY CONTACTS

Name: _____

Address: _____

Phone Number: _____ Relationship: _____

Name: _____

Address: _____

Phone Number: _____ Relationship: _____

PRIMARY CARE PHYSICIAN

Name: _____ Practice: _____

Address: _____

Phone: _____ Alt. Phone: _____

INSURANCE

Company: _____

Group #: _____ ID/Policy #: _____

ALLERGIES AND REACTIONS/MEDICAL CONDITIONS:

_____

_____

_____

Staff Signature _____ Date _____