

**PLAINVIEW-OLD BETHPAGE MIDDLE SCHOOL**  
**121 Central Park Road, Plainview, NY 11803**

**HEALTH OFFICE**

TO: All Staff

FROM: Health Office

RE: Emergency Data Form

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Please complete *both sides* of this form, fold, and leave it in the Health Office mailbox.

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Last name

First name

DEAR FACULTY/STAFF MEMBER,

FOR YOUR OWN HEALTH AND SAFETY, PLEASE COMPLETE THIS FORM

AND RETURN IT TO THE HEALTH OFFICE.

ALL INFORMATION WILL REMAIN STRICTLY CONFIDENTIAL.

THIS INFORMATION IS NECESSARY IN THE EVENT OF ANY EMERGENCY, ILLNESS  
OR INJURY DURING THE SCHOOL DAY. THANK YOU.

(You may seal or staple this form closed and it will only be opened if there is an emergency.)

FACULTY/STAFF EMERGENCY DATA FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMERGENCY CONTACTS & PHONE #'s 1: \_\_\_\_\_

2: \_\_\_\_\_

DR'S NAME & #: \_\_\_\_\_

HEALTH INSURANCE NUMBER: \_\_\_\_\_

MEDICATION(S): \_\_\_\_\_

OTHER PERTINENT HEALTH DATA (INC. ALLERGIES TO MEDS OR FOODS):

\_\_\_\_\_

Car Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate \_\_\_\_\_