K-6 Campus
7-12 Campus

PATERSON CHARTER SCHOOL FOR SCIENCE & TECHNOLOGY
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MEDICAL EMERGENCY FORM

In case of a medical emergency the following key information would be of great value to attending medical personnel in helping to diagnose and treat a medical problem. Kindly complete this **CONFIDENTIAL** form which will be kept in your personnel file to be used **only** in the case of a medical emergency. It is extremely important that all questions be answered to assure prompt and appropriate medical treatment during a medical emergency. This form should be returned to the HR Dept. upon completion.

Employee Name _____

Location: ☐K-6 Campus ☐7-12 Campus

Home Address _____

_____

Home Phone _____ Cell Phone _____

IN CASE OF A MEDICAL EMERGENCY WHO SHOULD BE NOTIFIED?

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

DO YOU HAVE ANY KNOWN ALLERGIES? Yes _____ No _____

If yes, please list the things you are allergic to including any medication:

_____ _____
_____ _____
_____ _____
_____ _____

SEE REVERSE SIDE

CURRENT MEDICATIONS

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

DO YOU HAVE ANY CHRONIC AILMENTS? Yes _____ No_____

If yes, please describe:

_____
_____
_____
_____

OTHER INFORMATION YOU FEEL IS IMPORTANT FOR THIS MEDICAL RECORD

_____
_____
_____
_____

WHAT IS YOUR BLOOD TYPE? _____

HOSPITAL PREFERENCE _____

I give my employer the right, in the case of a medical emergency, to provide the above information to the attending medical personnel.

Employee Signature: _____ Date: _____

SEE REVERSE SIDE