

Today's Date:

Brentwood Baptist Church
Teacher Emergency Information Form

Teacher:

(First)

(MI)

(Last)

D.O.B / /

Spouse's Name:

Spouse's Work Phone:

Spouse's Cell/Pager:

Spouse's E-mail Address:

Emergency Information:

If your spouse cannot be reached at the above phone numbers, please list the name of a person who can act for you in case of an emergency:

Name:

Relationship:

Work Phone:

Home Phone:

Pager/Cell:

If those listed above cannot be reached, is there someone else we could call in the event of an emergency?

Name:

Relationship:

Phone:

Name:

Relationship:

Phone:

Name:

Relationship:

Phone:

Participant Insurance/Medical Information:

Height

Weight:

Eye Color:

Hair Color:

Physician's Name:

Phone Number:

Primary Insurance Coverage:

Name of Insured:

Relationship:

Hospital of Choice:

Do you have any ALLERGIES or MEDICAL CONDITIONS that should be considered?

If yes, please specify:

Are any of the allergies life threatening?

Please describe any current or past conditions or surgeries we should know about