

# Chandler Unified School District

## EMPLOYEE MEDICAL HISTORY AND EMERGENCY INFORMATION CARD

DATE \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

It may be necessary to communicate with a relative or friend during the school day because of sudden illness or accident.

Please indicate:

Husband or wife \_\_\_\_\_ Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City

Relative or Friend \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Policy # \_\_\_\_\_

Are you under treatment for any of the following conditions?

- |                    |                              |                 |
|--------------------|------------------------------|-----------------|
| 1. Allergies _____ | 3. Heart Condition _____     | 5. Other: _____ |
| 2. Diabetes _____  | 4. High Blood Pressure _____ | _____           |

I hereby authorize the Chandler Schools to use their best judgment in a choice of physician when my family physician cannot be reached or no physician's name has been given.

\_\_\_\_\_  
Signature of Employee

**67-65-0850**