

LARKSPUR-CORTE MADERA SCHOOL DISTRICT

EMPLOYEE EMERGENCY INFORMATION

Employee Name: _____ Date: _____

Address: _____

Email: _____ Telephone: _____

MEDICAL ALERT (if any): _____

Doctor: _____

1st Choice _____ Telephone: _____

2nd Choice _____ Telephone: _____

*Hospital: _____

1st Choice _____ Telephone: _____

2nd Choice _____ Telephone: _____

(*The closest hospital to LCMSD is Marin General. 415-925-7000. Kaiser members would most likely be transported to Kaiser. 415-444-2075)

Insurance Carrier: _____ Medical ID: _____

Emergency Contacts: Note: It is advisable to have multiple emergency contacts, including one out of state.

Name (s): _____ Relationship: _____

Best phone number(s): _____

Email: _____

Address(es) _____

Name (s): _____ Relationship: _____

Best phone number(s): _____

Email: _____

Address(es) _____

Name (s): _____ Relationship: _____

Best phone number(s): _____

Email: _____

Address(es) _____

Other information you would like to have on record: _____

Print and keep a completed copy for your records. Send a copy to Human Resources and send a copy to the Site Secretary.