

**ILLNESS AND INJURY RESPONSE AND PREVENTION**  
**(Emergency Information Form Employee)**

Employee's Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

Person(s) to Contact in Case of Emergency:

Name	Phone	Mobile Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Please list any medical or personal information you would like the district to be aware of in order to adequately assist you in an emergency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Notice**

Schools in this district are equipped with prefilled epinephrine auto syringes that can be administered in the event of severe allergic reactions that cause anaphylaxis. Epinephrine will be administered only by the school nurse in accordance with written protocols provided by the authorized prescriber, except for students authorized to carry and self-administer epinephrine in accordance with Board policy.

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**Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.**

Implemented: January 16, 2008

FILE: EBBA-AF2  
Critical

Revised:

Boonville R-I School District, Boonville, Missouri