

**SUMMIT PUBLIC SCHOOLS
DISTRICT EMERGENCY FORM**
(Please type and/or print clearly)

VOLUNTEERS: Emergencies such as sudden illness, injuries, etc., are bound to arise. It is important, therefore, that certain information be available. Please complete this form and return with your volunteer paperwork.

Name of Volunteer _____
(Last Name) (First Name)

Address _____
(Street) (City)

Home Phone () Cell Phone ()

E-Mail: _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

Name _____ Relationship _____

Address _____
(Street) (City)

Home Phone () Cell Phone ()

Work Phone () E-Mail: _____

ALTERNATE CONTACT:

Name _____ Relationship _____

Address _____
(Street) (City)

Home Phone () Cell Phone ()

Work Phone () E-Mail: _____

PHYSICIAN TO BE CALLED IN CASE OF EMERGENCY: *OPTIONAL*

Name _____

Address _____
(Street) (City)

Telephone ()

IF ANY CHANGE SHOULD BE MADE IN THE ABOVE INFORMATION, PLEASE NOTIFY THE BOARD OFFICE OR YOUR BUILDING SECRETARY.