

STAFF EMERGENCY CARD *for Woods Hollow Children's Center*

Staff Name: _____ Date of Birth: _____

Home Address: _____ Home Phone: () _____

Street

Cell Phone : () _____

City

State

Zip

Emergency Contacts (while at work):

1. _____
Name Relationship to Staff Phone

2. _____
Name Relationship to Staff Phone

Staff's Physician : _____
Name Clinic Name/Address Phone

Hospital: _____
Name Address

Insurance Company: _____ Insured's Name(if not staff): _____

I hereby give my consent for emergency medical treatment to be administered if needed. I understand the policies and procedures set forth by WHCC for first aid practices and procedures for serious accidents as noted in WHCC policy Handbooks.
It is the staff's responsibility to make sure all information is up-to-date

Staff Signature: _____

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