

# Township of Franklin Public School District

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## EMPLOYEE EMERGENCY CARD

DATE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

NAME: \_\_\_\_\_  
*Last* *First* *M*

ADDRESS: \_\_\_\_\_  
*Street* *City* *State* *Zip Code*

PHONE: H ( ) \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

C ( ) \_\_\_\_\_ FAMILY DR.: \_\_\_\_\_

PERSON TO NOTIFY IN CASE OF EMERGENCY: \_\_\_\_\_  
*Name* *Relationship*

PHONE (H) ( ) \_\_\_\_\_

PHONE (C) ( ) \_\_\_\_\_

OPTIONAL: PLEASE LIST ANY MEDICAL INFORMATION OF IMPORTANCE:

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