



**CHICAGO PARK DISTRICT
EMERGENCY NOTIFICATION FORM**

Name _____

Address _____

Home Telephone (incl. area code) _____

FIRST CONTACT:

Name _____

Relationship _____

Home Telephone (incl. area code) _____

2nd Telephone (incl. area code) _____

SECOND CONTACT:

Name _____

Relationship _____

Home Telephone (incl. area code) _____

2nd Telephone (incl. area code) _____

OPTIONAL

Doctor's Name _____ Telephone (incl. area code) _____

Existing medical conditions/illnesses _____

ALL INFORMATION WILL BE KEPT CONFIDENTIAL

Employee Signature _____

Date _____

In case there is a change of information, please complete a new form,
and submit it to the Human Resources Department