# **WARREN WOODS PUBLIC SCHOOLS**

Date

**EMERGENCY INFORMATION**

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Last Name First Name Initial Phone Number

**BUILDINGS/DEPARTMENT**: (***Check all that apply***)

🞎 Briarwood 🞎 Pinewood 🞎 Westwood 🞎 Middle School

🞎 High School 🞎 Enterprise 🞎 Adult Ed 🞎 Child Care

🞎 Garage 🞎 Administration Services

**POSITION**: (***Check One***)

🞎 Administrator 🞎 Aide 🞎 Bus Driver 🞎 Counselor 🞎 Custodian

🞎 Day Care 🞎 Food Service 🞎 SACC 🞎 Lunch Monitor 🞎 Maintenance

🞎 Psychologist 🞎 APA 🞎 Social Worker 🞎 Special Education Parapro

🞎 Teacher 🞎 Parapro 🞎 (other) .

**EMERGENCY INFORMATION**

In the event of an emergency during school hours, the following people should be called:

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

Name/Relationship Telephone

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

Name/Relationship Telephone

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

Name/Relationship Telephone