Code No. 436
Exhibit A

EMPLOYEE EMERGENCY MEDICAL FORM

Date Completed:_____

Name of Employee:_____

Home Address:_____

_____

Home Telephone:_____

Physician's Name:_____

Address:_____

_____

Telephone:____(__)_____

Preferred Hospital:_____

Address:_____

_____

Telephone:____(__)_____

Contact in Case of Emergency:_____

Name:_____

Address:_____

_____

Home Telephone:____(__)_____

Business Address:_____

_____

Business Telephone:___(__)_____

Allergies or information to be shared in case of emergency:_____

_____

_____

_____

URBANDALE COMMUNITY SCHOOL DISTRICT BOARD OF DIRECTORS