

Arlington Adult Staff Emergency Information

Arlington Echo/Anne Arundel County Public Schools

EmrgAdult.co/cb/1-31-13

Name:	Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
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Address: (street) (city) (state) (zip code)

Type & Color Vehicle on Site: Tag Number:	Cell number: ()	Home Telephone: ()
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In case of emergency, we may contact:(relationship) _____ _____	Telephone: () _____ () _____	Medication: (optional) Can be listed on back of page if needed:
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Doctor's Name: _____ Telephone: () _____	Medical Insurance: _____	Policy Number: _____
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Allergic to:

☐ Bee Stings

☐ Poison Ivy

☐ Ragweed

☐ Penicillin

☐ Other:

Medical Considerations:

☐ Asthma

☐ Diabetes

☐ Seizures

☐ Heart Condition

☐ Other:

Special Dietary Considerations (i.e. Kosher, vegetarian, allergies):

☐ Yes ☐ No I give my permission to authorized personnel to carry out such emergency diagnostic and therapeutic procedures as may be necessary and also permit such procedures to be carried out at, and by the local hospitals in the event that I have been taken there for emergency care.

Hospital of choice if requested:

☐ Yes ☐ No

Adult Staff Media Release:

I hereby grant the Anne Arundel County Public School System the right to obtain and/or use my photograph; and/or video image; and/or voice for educational and informational purposes.

I understand that all publications, presentations and productions will be used within the school system and/or community at large, and that all images, productions and content therein become the property of Anne Arundel County Public Schools.

Signature

Date