

Canaan Elementary School

178 Main Street
Canaan, ME 04924
(207) 474-3901

Staff Emergency Information Card

(Please Print)

Date: _____

First Name: _____ Middle: _____ Last: _____

Address: _____

City, State, Zip: _____

Home Phone Number: _____ Cell: _____

Birthdate: _____
 Month Day Year

EMERGENCY CONTACTS

#1

Name: _____ Relationship: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

#2

Name: _____ Relationship: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Name of Dr.: _____ Phone: _____

Hospital Affiliation: _____

Notes: (For example, any special needs, meds, or conditions that EMT personnel may need to know)