# SOCORRO CONSOLIDATED SCHOOLS

**700 Franklin St., Socorro, NM 87801**
**(575) 835-0300 * hr@socorroschools.org**

## Employee Emergency Information

The information on this form will be used in emergency situations only. The information on this form will be shared with the Human Resource Department and your Supervisor/Administrator, and released to emergency personnel if needed.

Employee Name: _____ Date: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Phone #1: _____ Phone #2: _____

Position: _____ Location: _____

**Emergency Contact #1**

Name: _____ Relationship to Employee: _____

Phone #1: _____ Phone #2: _____

**Emergency Contact #2**

Name: _____ Relationship to Employee: _____

Phone #1: _____ Phone #2: _____

Health Concerns: _____

Allergies: _____

Medications: _____

Physician Name: _____ Phone: _____

Health Insurance Carrier: _____ Insurance ID: _____

Signature: _____ Date: _____