ARROWHEAD ECONOMIC OPPORTUNITY AGENCY HEAD START SERVICES 702 THIRD AVENUE SOUTH VIRGINIA, MN 55792

STAFF PERSONNEL EMERGENCY INFORMATION

NAME		DATE	
ADDRESS			
HOME TELEPHONE	DA	TE OF BIRTH	
RELEVANT HEALTH INFO	RMATION IN CASE OF EM	IERGENCY: (DIEABETES, A	LLERGIES, ETC.
LIST:			
IN CASE OF EMERGENCY, PLEASE NOTIFY:			
1. NAME		TELEPHONE	
ADDRESS			
2. NAME		TELEPHONE	
ADDRESS			
IN CASE OF EMERGENCY, I WISHED TO BE TREATED, IF POSSIBLE, BY:			
DR. CLINIC		TELEPHONE	
HOSPITAL	ADDRESS	TEL	EPHONE

THIS FORM MUST BE RETAINED AT YOUR SITE(S)