

School Year \_\_\_\_\_

Denton Independent School District  
EMPLOYEE HEALTH & EMERGENCY INFORMATION

Rev. 3/2009

Campus, Dept.,  
or Building \_\_\_\_\_

(CONFIDENTIAL)

See reverse side for:  
DentonISD/Texas Education Agency  
Texas Public School Student/Staff Ethnicity  
and Race Questionnaire

This information will not be shared with anyone other than the building principal or his/her designee, assistant principal, work supervisor, or district nurses without your written consent. Please indicate on the reverse side any changes/requests regarding confidentiality, sign and date.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Employee ID # \_\_\_\_\_  
*Last First Middle*

Address \_\_\_\_\_ Phone # \_\_\_\_\_  
*Street Box Route City Zip*

Alternate Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
*Last First*

Home  
 Work

Beeper or Cell # \_\_\_\_\_

Other (1) \_\_\_\_\_  
Emergency Name Relationship Daytime Phone #'s

Contacts (2) \_\_\_\_\_  
Name Relationship Daytime Phone #'s

Vehicle Driven to Work \_\_\_\_\_  
*Make Type License # Color*

\*Primary Care Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

\*Current Health Problems:  None \_\_\_\_\_  
*specify*

\*Current Medications:  None \_\_\_\_\_  
*specify*

\*Significant Medical History:  None \_\_\_\_\_  
*specify*

Please check here if you have given an attachment with further information on file to your school RN or Health Services Supervisor.

Hospital of Choice:  Presbyterian Hospital of Denton  Medical City Denton  Date of last Tetanus Shot \_\_\_\_\_

**In case of emergency, I give district personnel permission to secure medical attention and to share this health information with the appropriate health care providers involved in emergency treatment.**

Employee (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**HEALTH INFORMATION\***

**Allergy Information**

No Known Allergies or specify: \_\_\_\_\_

Drugs \_\_\_\_\_

Food \_\_\_\_\_

Other \_\_\_\_\_