	PLEASE PRINT	CLEARL	L Y		Complete form and keep up-to-da				
om/Site g File	Location/Program:		C	heck appropriate box:	□ Staff		Volunteer	□М	□F
Classroom/Site HR File Licensing File	Name (Last, First)			Date of Birth					
White – Pink – J	Address Apt.		City/Town			Telephone Number			
	Name of Emergency Contact Person (Last, First)			Relationship	Tele	lephone Number During Employee's Work Hours			
5	MEDICAL INFORMATION								
E	Physician Name			Hospital Pref	erence				
NFF ERGEN	Address			Address					
STAFF EMER	City/Town	Zip	Telephone Number	City/Town		Zip	Telephone I	Number	
Do You Have:	☐ Severe Allergies		□ Diabetes	□ Asthm	a	□ Se	izure Disord	ler	
	☐ Other Significant I	blems? (Please Exp	lain)						
Medication All	ergies (Please List)								
SIGNATUR	E				Dat	e			