

**NYE COUNTY SCHOOL DISTRICT  
EMERGENCY INFORMATION FORM**

All district employees are requested to complete this form and return to their site administrator. Please be sure to update your information in iVisions and Absence Management as changes occur. Information will be used in the event of an emergency.

**EMPLOYEE INFORMATION**

Date:	
Employee Name:	
Personal Email Address:	
Physical Address:	
Mailing Address:	
Home Phone:	
Cell Phone:	
Site Location:	

**EMERGENCY CONTACT INFORMATION**

Emergency Contact 1:	
Email Address:	
Address:	
Home Phone:	
Cell Phone:	
Emergency Contact 2:	
Email Address:	
Address:	
Home Phone:	
Cell Phone:	

**PHYSICIAN CONTACT INFORMATION (OPTIONAL)**

In the event of a medical emergency, treating emergency personnel may need to contact your physician.

Physician:	
Address:	
Home Phone:	

**MEDICAL CONDITIONS/ALLERGIES (OPTIONAL)**

Please list any medical conditions or allergies that NCS D should be aware of in the event of an emergency:

Medical Condition(s):	
Allergies:	