

Haskell CISD

Employee Medical Information

Date completed _____

Campus (circle one): **Elementary** **Junior High** **High School**
 Cafeteria **Maintenance** **Administration**

Full name _____

Date of birth _____

Age _____

Food or drug allergy: _____

Reactions to food or drug allergy: _____

Current medications:

- _____
- _____
- _____
- _____
- _____

Medical conditions:

- _____
- _____
- _____

Hospital preferred _____

Airvac insurance yes ____ no ____

Emergency contact:

- Name _____
- Cell phone _____
- Work number _____

