



**GREENCASTLE-ANTRIM SCHOOL DISTRICT**  
500 E. Leitersburg Street, Greencastle, PA 17225  
Phone (717) 597-3226  
[www.greencastle.k12.pa.us](http://www.greencastle.k12.pa.us)

**EMPLOYEE EMERGENCY CONTACT FORM**  
(Please print neatly)

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

CHECK BUILDING THAT YOU WORK IN (check all that apply):

Primary                       Elementary                       District Substitute  
 Middle  
 Administration Office                       High

**\*\*\*\*\*EMERGENCY CONTACT INFORMATION – PRIMARY\*\*\*\*\***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**\*\*\*\*\*EMERGENCY CONTACT INFORMATION – ALTERNATE\*\*\*\*\***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

LIST ANY SPECIAL HEALTH CONDITIONS OR CONCERNS (allergies, diabetes, pacemaker, etc.)  
If none, please write "NONE" in the space provided:

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**EMPLOYEE EMERGENCY CONTACT FORM (cont.)**

PREFERRED HOSPITAL: \_\_\_\_\_

DO YOU REQUIRE ASSISTANCE IN THE EVENT OF AN EVACUATION DUE TO A DISABILITY OR MEDICAL CONDITION?

\_\_\_ Yes

\_\_\_ No

IF ASSISTANCE IS NEEDED, WHAT TYPE OF ASSISTANCE WOULD BE NEEDED?

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The Americans with Disabilities Act (ADA) has provisions that require all employers to keep medical information about employees confidential. The information provided will be managed by the Greencastle-Antrim School District's Human Resources Department and will be kept in strict confidence. The ADA provisions, however, include an exception that your medical information can be provided to first aid and safety personnel. The information provided will also be shared with the District's school nurses and LPNs in order to best assist you in an emergency. Needed evacuation assistance will also be shared with each building's emergency coordinator in order for him or her to fulfill their responsibilities. Please contact the HR Department when updates are needed to your information. A new form will need to be completed. Our assistance is only as good as the accuracy of your provided information.

I have voluntarily provided the above contact information and authorized the Greencastle-Antrim School District and its representatives to contact any of the above on my behalf in the event of an emergency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Today's Date