

Llano Christian Academy
Employee Emergency Information Sheet

Name: _____

Physical Address: _____

Who lives in your home other than yourself? _____

Allergies: _____

In case of an emergency, contact:

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Please provide a medical history, including medication (and dosage) taken. This information will be used in cases of emergency only.

Please use the back of the page, if needed.

