EMPLOYEE EMERGENCY CONTACT INFORMATION

Michigan STEM Preschool, Inc.
29633 Ford Rd, Garden City, MI 48135

License No. DC824026313
Wayne County

Complete all applicable fields. Update this form whenever a contact number or emergency instruction changes.

A. EMPLOYEE INFORMATION

Full legal name: _____

Preferred name: _____ **Job title:** _____

Primary phone: _____ **Personal email:** _____

B. EMERGENCY CONTACTS

PRIMARY EMERGENCY CONTACT

Full name: _____ **Relationship:** _____

Primary phone: _____ **Alternate phone:** _____

Email: _____

SECONDARY EMERGENCY CONTACT

Full name: _____ **Relationship:** _____

Primary phone: _____ **Alternate phone:** _____

Email: _____

C. OPTIONAL MEDICAL AND EMERGENCY INFORMATION

Preferred hospital: _____ **Physician / provider:** _____

Provider phone: _____ **Other emergency number:** _____

Medical conditions, allergies, medications, communication needs, or emergency instructions (optional):

D. EMPLOYEE AUTHORIZATION

In an emergency, call 911 first when appropriate. I authorize Michigan STEM Preschool, Inc. to contact the individuals listed above and to share information reasonably necessary to obtain emergency assistance for me.

Employee signature: _____ **Date:** _____

☐ Annual review - no changes ☐ Information updated **Employee initials:** _____ **Date:** _____