

East Missouri Action Agency, Inc.
HEAD START
"An Equal Opportunity/Affirmative Action Employer"

EMERGENCY MEDICAL FORM FOR HEAD START STAFF OR
VOLUNTEERS

Name: _____

Address: _____
_____ Home Phone: _____

Emergency Contacts:

Contact #1: _____ Phone: _____

Contact #2: _____ Phone: _____

Contact #3: _____ Phone: _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital: _____

Phone: _____

Illness: _____

Medications: _____

Allergies: _____

I, _____, authorize EMAA Head Start Staff to
take me for emergency medical and dental treatment if necessary.

Date: _____

****On the job injuries will be handled according to EMAA Policy for
Handling Work Injuries.