

**AUDUBON PUBLIC SCHOOLS
EMPLOYEE EMERGENCY CONTACT**
School Year: _____

NAME OF EMPLOYEE: _____

SCHOOL: _____

NAME OF PERSON TO CONTACT IN AN EMERGENCY: _____

TELEPHONE NUMBER OF CONTACT PERSON: _____

DOCTOR'S NAME: (OPTIONAL) _____

HOSPITAL: (OPTIONAL) _____

Please return completed form to the Superintendents Office. Thank you.