

Kennard I.S.D.	<input type="radio"/> Secondary
Employee Name	
Spouse Name	
Address	
Home Phone	
Cell Phone	
Birthday	

List the names of relatives or friends to be called in case of emergency.

NAME	RELATIONSHIP	ADDRESS	PHONE

Health Conditions: _____

Allergies: _____

Medications: _____

Favorite Snacks: _____

In case of an accident or sudden illness, I hereby authorize a representative of Kennard Independent School District to contact:

Doctor

Phone

Insurance Carrier: _____

Group or ID Number: _____

Insured's Name: _____

Signature

Date