



# AL HUDA SCHOOL

## STAFF EMERGENCY INFORMATION

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Employee name: \_\_\_\_\_ Position: \_\_\_\_\_

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Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Tel: \_\_\_\_\_

Cell: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_

Emergency Tel: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_

Emergency Tel: \_\_\_\_\_

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Health Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Insurance company: \_\_\_\_\_