

Haskell CISD

Employee Medical Information

Date completed \_\_\_\_\_

**Campus (circle one):**    **Elementary**        **Junior High**        **High School**  
   **Cafeteria**        **Maintenance**        **Administration**

Full name \_\_\_\_\_

Date of birth \_\_\_\_\_

Age \_\_\_\_\_

Food or drug allergy: \_\_\_\_\_

Reactions to food or drug allergy: \_\_\_\_\_

Current medications:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Medical conditions:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Hospital preferred \_\_\_\_\_

Airvac insurance    yes \_\_\_\_    no \_\_\_\_

Emergency contact:

- Name \_\_\_\_\_
- Cell phone \_\_\_\_\_
- Work number \_\_\_\_\_

