

REFUGIO ISD HEALTH SERVICES
EMERGENCY INFORMATION
FOR ALL STAFF

Please write clearly. This information will be used in an emergency situation!

Name _____

D.O.B. _____ Campus/ Position _____

Address _____

Home phone: _____ cell phone: _____

Next of Kin (Who do you want called in case of emergency?)

Name: _____ phone: _____ Cell: _____

Name: _____ phone: _____ Cell: _____

Physician: _____ phone: _____

Preferred hospital in case of emergency? You may have to be stabilized here (Refugio County Memorial Hospital), before being transported to your preferred hospital.
Hospital _____

EMERGENCY HEALTH INFORMATION

Please list any allergies to medicine, foods, stings, etc.:

Please list any emergency health concerns (diabetes, asthma, high blood pressure, heart conditions, pacemaker/defibrillator, hiatal hernia).

Please list any medication you take on a regular basis and/or any medication you may use in case of an emergency situation (insulin, oral diabetic medication, Epi-Pen, inhaler, blood pressure medicine, antiarrhythmics, etc.).

Please list any surgeries that you have had (appendectomy, heart surgery-stents, lithotripsy, hysterectomy).
