

**Staff Emergency Form**  
**EPIC Early Head Start/Head Start/Pre-K**  
**2023-2024**

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Best contact phone# \_\_\_\_\_

**ICE contact:**

\_\_\_\_\_ phone (h): \_\_\_\_\_  
phone (w): \_\_\_\_\_  
phone (c): \_\_\_\_\_

**OR**

\_\_\_\_\_ phone (h): \_\_\_\_\_  
phone (w): \_\_\_\_\_  
phone (c): \_\_\_\_\_

Allergies:

\_\_\_\_\_  
\_\_\_\_\_

Medications:

\_\_\_\_\_  
\_\_\_\_\_

Doctor: \_\_\_\_\_ phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ phone: \_\_\_\_\_

**ALL INFORMATION IS KEPT CONFIDENTIAL**