

Staff Emergency Form
EPIC Early Head Start/Head Start/Pre-K
2026-2027

Name: _____ Email address: _____

Mailing Address: _____

City/State/Zip: _____ Best contact phone # _____

In Case of Emergency 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