



**You have the option of providing the following information.** We are attempting to be as complete as possible in providing emergency information in the event that your family or emergency contacts cannot be reached. All information will be maintained in the human resources department's *Crisis Handbook*. Any copies of supporting medical or contact information that you supply will be securely maintained.

**Health Issues (optional):**

Blood Type:\_\_\_\_\_ Glasses:\_\_\_\_\_ Contacts:\_\_\_\_\_

Allergies:\_\_\_\_\_

Medication Allergies:\_\_\_\_\_

Last Physical Examination:\_\_\_\_\_ Doctor:\_\_\_\_\_

Medical Awareness Note:

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Any Special Additional Information:

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**Please return this form in person, via courier or by mail to:**

**Trumbull County Educational Service Center  
Human Resources Department  
6000 Youngstown Warren Road, Niles, OH 44446**

Updated 7/13/04, 5/3/06

