

# JOHN HERSEY HIGH SCHOOL

Name \_\_\_\_\_ Employee ID # \_\_\_\_\_ Division \_\_\_\_\_

Address \_\_\_\_\_ Name of Spouse/Partner \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_  
Area Code

Cell Phone # ( ) \_\_\_\_\_  
Area Code

Date of Birth \_\_\_\_\_  
Month/Day

**Please circle any of the above information you do not want published in the staff directory.**

.....  
**The information below will be kept confidential:**

Person to Contact in Emergency \_\_\_\_\_  
Name

Emergency Person To be \_\_\_\_\_  
Contacted at: Home # Work # Cell #

If above is unavailable, who should be contacted?

\_\_\_\_\_ Name Phone #

Physician Name \_\_\_\_\_ Physician Phone No. \_\_\_\_\_

Medical Problems and Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please complete this form and return to your Division Assistant A.S.A.P. Also, please notify Heather Kinsella in the Main Office of any changes which occur during the school year.**