

Dutchess County BOCES Emergency Contact Information

Completing this card is optional. This information is strictly confidential and will only be released in the event of an emergency. It will be kept in a secure place in your Building Administrator's office.

Employee Name:		Extension:	Direct Line:
Building/Work Location:		Supervisor:	
Primary Contact:	Relationship:	Evening Phone:	Daytime Phone:
Secondary Contact:	Relationship:	Evening Phone:	Daytime Phone:
Allergic reaction to any medication?		If yes, please state:	
Employee Signature:		Date:	