CITY OF MIDDLETOWN
SUMMER PROGRAM
PART-TIME EMPLOYEE EMERGENCY INFORMATION

Program - **KIDS ARTS:** (please circle one) **CIRCUS** **NEAR**

Name: _____ Date of Birth: _____/_____/_____

Address: _____

Home Phone: (_____)-_____ Emergency Daytime Phone (_____)-_____

List any health concerns (allergies, bee stings, food allergies, physical limitations, etc.): _____

_____

Do you take medication? _____ If yes, please list: _____

_____

Are there any side effects? _____
(Any time an employee is on a medication, it is his/her responsibility to notify their immediate supervisor)

Do you wear braces? _____

Physician's Name: _____ Phone (_____)-_____

Parent/Guardian/Spouse Name: _____

Address: _____
Street City Zip

Home Phone: (____)-_____ Work Phone: (_____)-_____

If parent/guardian/spouse cannot be reached, list two people that can be called in an emergency:

Name: _____ Relationship: _____ Daytime Phone: _____

Name: _____ Relationship: _____ Daytime Phone: _____

Any other information you feel we should know: _____

_____

Signature _____ Date _____/_____/_____