
Date

FARIBAULT PUBLIC SCHOOLS
Faribault, Minnesota

Emergency Information

Please fill out this form and return it to the Human Resources Office as soon as possible. Answer every question completely. Any changes during the year should be reported promptly to the Human Resources Office. Address must be complete, including zip code. This information is used for emergency purposes. If your information changes at anytime, please send an email to nicole_yochum@faribault.k12.mn.us.

NAME _____
Last First Middle Maiden Spouse's

BLDG. _____ POSITION _____ GRADE _____

FARIBAULT ADDRESS _____ Telephone
Number _____

PERMANENT ADDRESS _____

In case of emergency, notify:

NAME _____ RELATIONSHIP _____

ADDRESS _____ Work Phone No. _____
Home Phone No. _____

OR

NAME _____ RELATIONSHIP _____

ADDRESS _____ Work Phone No. _____
Home Phone No. _____

FARIBAULT PERSONAL PHYSICIAN _____

OFFICE ADDRESS _____ OFFICE TELEPHONE _____