



Trinity High School

581 Bridge Street • Manchester, New Hampshire 03104-5395
Tel. (603) 668-2910 • Fax (603) 668-2913

Staff Medical Information

Employee Name: _____

Address: _____

Phone Numbers: _____

Physician Name: _____

Physician Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Medical Conditions: _____

List of Medications & Dosage Amount: _____

Hospital of Choice (in an Emergency): _____

Any Additional Medical Information Not Included on this Form: _____

Signature of Employee

Date