

EMERGENCY CONTACT INFORMATION

In case of an emergency and for permission for treatment beyond emergency procedures, please contact:

Name:	Home Phone:
Relationship:	Work Phone:
Religious Affiliation:	Cell Phone:
Physician’s Name & Phone:	Health Insurance Carrier & ID & Policy #:
In the event of an emergency, please advise the doctors that I have the following allergies:	

I verify that the above information is true and accurate.
 In the event that I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary medical treatment to be administered.

EMPLOYEE SIGNATURE **DATE**

Please submit this completed form along with your resume and a copy of the following applicable licenses:

- Substitute School Nurse: Copy of your Registered Nurse license (must be current)
- Substitute Teacher: Copy of any state Educator License, if applicable OR Proof of completion of at least 60 college course credits

Additionally, the following requirements must be met before any of our schools can utilize your services as a substitute teacher of school nurse:

- Massachusetts CORI (Criminal History and Records Information) Check
- Rhode Island BCI Check for Rhode Island Residents
- Department of Children and Families Central Registry Record Request form
- Fingerprint-Based Criminal History Records Information (CHRI) Check
- Online Safe Environment training
- Online 51A Mandated Reporter training
- Sign the latest Code of Conduct disseminated by the Office of Safe Environment
- Completion of a W-9 form for tax purposes

All paperwork should be submitted to: Diocese of Fall River, Catholic Schools Alliance
373 Elsbree Street, Fall River, MA 02720