

RADNOR TOWNSHIP RECREATION & COMMUNITY PROGRAMMING DEPARTMENT

To best serve the needs of employees with various medical/special conditions, we request the following information to be completed and submitted to the Recreation & Community Programming Department prior to the first day of employment.

Employee Emergency Contact Information:

Employee's First & Last Name: _____

Emergency Contact #1 First & Last Name : _____

Emergency Contact #1 Phone Number: _____ **Relationship:** _____

Emergency Contact #2 First & Last Name : _____

Emergency Contact #2 Phone Number: _____ **Relationship:** _____

Emergency Contact #3 First & Last Name : _____

Emergency Contact #3 Phone Number: _____ **Relationship:** _____

Life-Threatening/Non-Life-Threatening Conditions Disclosure:

Life-Threatening Conditions

Please select all that apply and elaborate/explain as needed

- Peanut / Tree Nut Allergy: _____ Does employee carry Epi Pen? Yes No
- Insect Sting Allergy: _____ Does employee carry Epi Pen? Yes No
- Other Allergy (Dietary, Environmental, etc.): _____ Does employee carry Epi Pen? Yes No

If other, please explain: _____

- Other Life-Threatening Medical Condition (cardiac, diabetes, epilepsy, nervous system disorders, asthma, etc.)

If other, please explain: _____

Does employee carry special medication, insulin, inhaler, etc.? Yes No

Indicate specifics: _____

If needed, please describe the condition(s) indicated above in more detail.

Non Life-Threatening Conditions / Dietary Restrictions / Other Information

If applicable, please explain any additional non life-threatening medical information, dietary restrictions, or any other important information about the employee.

