

TRACY UNIFIED SCHOOL DISTRICT
STAFF EMERGENCY
INFORMATION 2024-2025

RETURN TO HUMAN RESOURCES

*If your name, address and/or phone number has changed recently, you must complete a

Change of Address/Information Form (found on District Portal)

Classified _____ **Certificated** _____ **Management** _____ Site/Dept.: _____

NAME: _____ DATE OF BIRTH: _____

EMPLOYEE ID#: _____ WORK SITE: _____

CURRENT ADDRESS * _____

PRIMARY CONTACT #: (_____) _____ SECOND CONTACT#: (_____) _____

EMERGENCY CONTACT INFORMATION

CONTACT #1:

EMERGENCY CONTACT PERSON: _____

RELATIONSHIP TO EMPLOYEE: _____

ADDRESS/CITY/ZIP: _____

PRIMARY CONTACT #: (_____) _____ SECOND CONTACT#: (_____) _____

EMPLOYER: _____

EMPLOYER ADDRESS/CITY/ZIP _____

EMPLOYER PHONE #: (_____) _____

CONTACT #2:

EMERGENCY CONTACT PERSON: _____

RELATIONSHIP TO EMPLOYEE: _____

ADDRESS/CITY/ZIP: _____

PRIMARY CONTACT #: (_____) _____ SECOND CONTACT#: (_____) _____

EMPLOYER: _____

EMPLOYER ADDRESS/CITY/ZIP _____

EMPLOYER PHONE #: (_____) _____

MEDICAL EMERGENCY INFORMATION:

PHYSICIAN'S NAME: _____ PHONE: (_____) _____

ADDRESS/CITY/ZIP: _____

HOSPITAL NAME: _____ PHONE: (_____) _____

ADDRESS/CITY/ZIP _____

ARE YOU ALLERGIC TO ANY MEDICATION? IF SO, PLEASE LIST:

Signature

Date