

TRACY UNIFIED SCHOOL DISTRICT
STAFF EMERGENCY
INFORMATION **2025-2026**

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

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

Classified____ **Certificated**____ **Management**____ **Site/Dept.:**_____

NAME:_____

ID#:_____

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