

VICTOR ELEMENTARY SCHOOL DISTRICT
Emergency Information Form

Employee Name: _____ **SSN:** XXX-XX-_____

Section 1: General Emergency Contact(s):

In event of a medical emergency or accident, please contact:

Primary Contact:

Name: _____ Home Phone: _____
Relationship: _____ Work Phone: _____
Cell Phone: _____

Secondary Contact:

Name: _____ Home Phone: _____
Relationship: _____ Work Phone: _____
Cell Phone: _____

Section 2: SB 294 Designation (Arrest or Detention):

Pursuant to California SB 294, you may designate a contact person to be notified if you are arrested or detained while at your worksite:

Please select ONE option below:

- ☐ **Use Primary Contact:** Use my Primary Contact from Section 1 for this purpose.
- ☐ **Do Not Designate:** I choose **not** to designate a contact person pursuant to SB294.
- ☐ **Designate New Contact:** Please notify the individual below:

Name: _____ Home Phone: _____
Relationship: _____ Work Phone: _____
Cell Phone: _____

I verify that the information provided above is accurate. I authorize Victor Elementary School District to contact individuals listed in the event of an emergency or as designated under SB 294.

Employee Signature: _____ **Date:** _____