

TRACY UNIFIED SCHOOL DISTRICT  
STAFF EMERGENCY  
INFORMATION 2026-2027

**\*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