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's Staff Portal)

CLASSIFICATION: _____ ID#: _____ SITE: _____

FIRST NAME:_____ LAST NAME: _____

*CURRENT ADDRESS: _____

PRIMARY CONTACT #:_____ SECONDARY CONTACT#: _____

ALTERNATE EMAIL: _____@_____ _____

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT PERSON #1: _____

RELATIONSHIP: _____

ADDRESS/CITY/ZIP: _____

PRIMARY CONTACT #:_____ SECONDARYCONTACT #:_____

EMPLOYER:_____

EMPLOYER ADDRESS/CITY/ZIP:_____

EMPLOYER PHONE #:_____

EMERGENCY CONTACT PERSON #2: _____

RELATIONSHIP: _____

ADDRESS/CITY/ZIP: _____

PRIMARY CONTACT #:_____ SECONDARYCONTACT #:_____

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