

2017-2018

Pacific Grove Unified School District
EMPLOYEE EMERGENCY INFORMATION

CONFIDENTIAL ~ DISTRICT USE ~ FOR EMERGENCY & STAFF ROSTER ONLY

I have moved and/or have a new phone number since last year

Name:		Spouse's Name:	
(Last Name)	(First Name)	(Last Name)	(First Name)
Mailing Address:			
(Number and Street)		(City and Zip Code)	
Position:		Site:	
Telephone #:		Cell Phone #:	
<input type="checkbox"/> DO NOT ADD PHONE # TO DIRECTORY		Additional Phone #:	
<input type="checkbox"/> DO NOT ADD ADDRESS TO DIRECTORY		Additional Phone #:	
In Case of Emergency, Notify: (List Two)			
1. Name:		Relationship:	
Home Address:		Phone:	
		Cell Phone #:	
Work Address:		Phone #:	
2. Name:		Relationship:	
Home Address:		Phone #:	
		Cell Phone #:	
Work Address:		Phone #:	
In the event of work-related injury or illness, I wish to be treated by the following physician. (Must be a physician previously consulted by employee and designated prior to a work related injury.)			
Doctor:		Phone #:	
<input type="checkbox"/> I have no preference at this time.			
SPECIAL NEEDS DURING A SCHOOL-WIDE EMERGENCY:			
The following information will be used to establish a priority list for release of staff in an emergency situation:			
Do you have allergies?			
Age(s) of your child(ren):			
Child care arrangements for your child(ren): _____			
Other obligations/responsibilities which you alone handle in an emergency: _____			
Signature:			Date: