



## CULVER CITY UNIFIED SCHOOL DISTRICT Confidential Emergency Contact Information

Collecting accurate emergency information is designed to protect our employees in case of an emergency. We are concerned about your health and may need to contact your family, close relative, or partner. This private and confidential information will only be used for emergency purposes. Please fill out the information below.

Thank you.

### PERSONAL INFORMATION

#### Check One

- Certificated Employee  
 Classified Employee

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

### DIRECTORY

Position/Assignment: \_\_\_\_\_ Work Site Location \_\_\_\_\_

Do you want your address listed in the directory? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you want your telephone number listed in the directory? Yes \_\_\_\_\_ No \_\_\_\_\_

### MEDICAL INFORMATION

Name of Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

Physician Address \_\_\_\_\_ Hospital \_\_\_\_\_

Significant Health Problems \_\_\_\_\_

Current Medication(s) \_\_\_\_\_ Allergies \_\_\_\_\_

#### PRIMARY EMERGENCY CONTACT

#### SECONDARY EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Please turn in this Emergency Form to your site administrator/supervisor. The Emergency Form will remain at your site. Site Administrator will send a copy to Human Resources**