

2016-2017

Pacific Grove Unified School District
EMPLOYEE EMERGENCY INFORMATION

CONFIDENTIAL ~ DISTRICT USE ~ FOR EMERGENCY & STAFF ROSTER ONLY

Name:		Spouse's Name:	
(Last Name)	(First Name)	(Last Name)	(First Name)
Mailing Address:			
(Number and Street)		(City and Zip Code)	
Position:		Site:	
Home Phone #:		Cell Phone #:	
Additional Phone #:			
E-mail:			
In Case of Emergency, Notify: (Please List Two)			
1. Name:		Relationship:	
Home Address:		Phone #:	
Work Address:		Cell Phone #:	
		Phone #:	
2. Name:		Relationship:	
Home Address:		Phone #:	
Work Address:		Cell Phone #:	
		Phone #:	
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:			
I have allergies to:			
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: