



Emery Unified School District
4727 San Pablo Avenue
Emeryville, CA 94608

EMPLOYEE EMERGENCY INFORMATION

**** Please print legibly ****

Employee Name _____

Street Address _____

City _____ State _____ Zip _____ Phone (____) _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name	Relationship	Address	Phone

My family doctor is: _____

Address _____

City _____ State _____ Zip _____ Phone (____) _____

❖ **LIST ANY MEDICAL INFORMATION THAT WILL BE NEEDED IN CASE OF AN EMERGENCY:**

AUTHORIZATION

In case of emergency, I request that the above instructions be carried out.

Signature

Date