



CCUSD STAFF EMERGENCY CARD

2018/2019

Name: [Click or tap here to enter text.](#)

Building/Site: [Click or tap here to enter text.](#)

Birthdate: [Click or tap to enter a date.](#)

Home Street Address: [Click or tap here to enter text.](#)

Home Phone: [Click or tap here to enter text.](#) **Cell Phone:** [Click or tap here to enter text.](#)

Emergency Contact #1: [Click or tap here to enter text.](#)

Phone: [Click or tap here to enter text.](#)

Emergency Contact #2: [Click or tap here to enter text.](#)

Phone: [Click or tap here to enter text.](#)

Physician: [Click or tap here to enter text.](#)

Phone: [Click or tap here to enter text.](#)

Choice of Hospital: [Click or tap here to enter text.](#)

Insurance Carrier: [Click or tap here to enter text.](#)

NOTE: If you have a health condition and feel that it would be important to share, please supply that information to the health office and HR.