

**COAST UNIFIED SCHOOL DISTRICT**  
**EMPLOYEE EMERGENCY PREPAREDNESS INFORMATION**

2017-18

**CONFIDENTIAL - OFFICE USE ONLY - NOT FOR PUBLICATION!**

**IT IS THE RESPONSIBILITY OF THE EMPLOYEE TO ADVISE THE PERSONNEL OFFICE OF CHANGES**

NAME \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
(Last, First)

ADDRESS: \_\_\_\_\_  
(Physical Address) Street City/Town Phone

Job Position: \_\_\_\_\_ Location/Site: \_\_\_\_\_

**IN CASE OF EMERGENCY, NOTIFY: (GIVE TWO)**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

**Optional:**

**In case of a major area emergency do you have any vital health/medical needs that we should be aware of?:**

**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 (*Gov. Code 3100, C.U.S.D. Administrative Regulation 3516, Emergency Disaster Preparedness Plan*):

Age(s) of your child(ren): \_\_\_\_\_

Child care arrangements for your child(ren): \_\_\_\_\_

Other obligations/responsibilities for which you would need to leave and handle during a major emergency: (Matters of which someone else cannot take care.) \_\_\_\_\_

**Complete information and Return to Kathy Barnes, CUSD**