

COAST UNIFIED SCHOOL DISTRICT
EMPLOYEE EMERGENCY PREPAREDNESS INFORMATION

2011-2012

CONFIDENTIAL - OFFICE USE ONLY - NOT FOR PUBLICATION!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.) _____