COAST UNIFIED SCHOOL DISTRICT

EMPLOYEE EMERGENCY PREPAREDNESS INFORMATION

2009-2010

CONFIDENTIAL - OFFICE USE ONLY - NOT FOR PUBLICATION!

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

_____ _____

NAME (Last, First) Spouse's Name

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): _____

_____

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

_____