

Soledad Unified School District
Employee Emergency and Change of Information Card

Part I

Name: _____ Address: _____ City: _____ State/Zip Code: _____ Home Phone: _____ Email(Personal): _____	Sex: M () F () Birthdate: _____ Social Security #: _____ Mailing, if different: _____ City: _____ State & Zip Code: _____ Cell Phone: _____
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The following information is required for use in the event you become ill or injured at work. It is understood that the instructions given on this card are confidential and will remain in force until revoked by the employee. In case of an emergency, please notify:

Name and Address	(Relationship)	Phone
Name and Address	(Relationship)	Phone

I authorize the following to perform any emergency treatment as needed:

Physician (name & address)	(Please Complete)	Phone
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In the event that the above-named persons cannot be contacted, I authorize the school to act on my behalf. Please write any special information that should be known in case of an emergency, example: allergies, diabetic, epileptic, seizures, religious beliefs, special accommodations, etc. _____

Part II

Confidential Data

Please indicate with a check (X) the items you wish to be considered confidential, except when you have provided written permission to release.

DATA	CONFIDENTIAL
Address	_____
Telephone	_____
Birthdate	_____
Seniority	_____
Earnings	_____

Signature: _____	Date: _____
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<i>For District Office Use Only: (Initial and date)</i>	
Escape ID # _____ AESD: _____ Aesop _____ MCOE: _____	H&W: _____ CVT: _____ Dental: _____ PERS: _____ Vision: _____