Soledad Unified School District

Employee Emergency and Change of Information Card

Part I ☐***Address Change*** ☐ ***Name Change*** Sex: M ( ) F ( )

Previous Last Name:_____ Birthdate: _____

Name: _____ Social Security #: _____

Address: _____ Mailing, if different: _____

City: _____ City: _____

State/Zip Code: _____ State & Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email(Personal) _____

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

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:

For District Office Use Only: (Initial and date)			***H&W:*** _____ ***Position:***_____
Escape ID #	_____	***AESD:***_____	***CVT:*** _____ ***Dental:***_____
Aesop	_____	***MCOE:***_____	***PERS:*** _____ ***Vision:***_____