

Substitute

SITE _____

DATE _____

**DELANO UNION SCHOOL DISTRICT
HUMAN RESOURCES EMERGENCY INFORMATION**

2020 2021

____ Certified

____ Classified

CONFIDENTIAL

LAST NAME: _____ FIRST NAME: _____ DATE OF BIRTH: _____

STREET ADDRESS _____ CITY _____ ZIP _____

MAILING ADDRESS _____ CITY _____ ZIP _____

PHONE: () _____ CELL PHONE: () _____

IN CASE OF EMERGENCY, CALL:

1. NAME: _____

PHONE: () _____ RELATIONSHIP TO EMPLOYEE: _____

2. NAME: _____

PHONE: () _____ RELATIONSHIP TO EMPLOYEE: _____

DOCTOR'S NAME: _____ PHONE: () _____

MEDICATIONS: _____

KNOWN MEDICAL CONDITIONS / ALLERGIES: _____

**Please note, this information is for emergency contact purposes only.*