



Employee Emergency Information/ Disaster Service Worker Registration Form

Name: _____ Supervisor: _____

Work Site: _____ Job Title/Assignment: _____

Home Ph: _____ Cell Ph: _____

Address: _____
Street City Zip

Home e-mail Address: _____ Check if any information in this area has changed

MEDICAL INFORMATION:

Primary Care Doctor: _____ Phone: _____

Allergic Reactions: _____

Medications: _____

Relevant Medical History: _____

IN CASE OF AN ACCIDENT/INJURY, PLEASE NOTIFY:

1. Name: _____ Home Phone: _____

Relationship: _____ Cell Phone: _____

Work Phone: _____

2. Name: _____ Home Phone: _____

Relationship: _____ Cell Phone: _____

Work Phone: _____

DESIGNATION OF RESPONSIBILITY DURING EMERGENCY:

For my children, please contact: _____ Day Phone: _____

Child: _____ Age: _____ Day Location: _____ Phone: _____

Child: _____ Age: _____ Day Location: _____ Phone: _____

For my home/pets/mail etc., please contact: _____ Phone: _____

Arrangements: _____

DISASTER SERVICE WORKER REGISTRATION:

In the event of a disaster, as a public school employee you are considered to be a disaster service worker subject to such disaster service activities as may be assigned by your supervisor (California Government Code, Title 5, Education, Chapter 3, Section 3100).

Areas of expertise _____

Physical limitations (if any) _____

Signed _____ Date _____

Directions: This form is to be completed at the point of employment and updated annually. A copy of this form shall be maintained at both the employee's work site and the District Office.