

**Rialto Unified School District  
Employee Emergency Information**

**Date:** \_\_\_\_\_

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**Work Location**

<b>Employee's Name (last name, first name)</b>	<b>Home Phone #</b>
<b>Home Address</b>	<b>Cell Phone #</b>
<b>City and ZIP Code</b>	<b>Date of Birth (MMDDYY) (emergency units require year of birth)</b>

**In case of an emergency, please contact:**

First and Last Names	Relationship	Telephone Numbers <i>(Please include area code)</i>		
		Home	Work	Cell
		()	()	()
		()	()	()
		()	()	()
		()	()	()

Special Medical needs, including allergies:

Medication on premises (please describe and give location):

Expertise (e.g. CPR, First Aid, CERT, special military training, etc.):

Spouse in District: (name):	Location:
Child(ren) in District: (names):	Location:
	Location:
	Location:

Please complete the above information and return to Personnel, Administrative Secretary II, Personnel Services.  
If your address and/or phone number has changed, please submit a change of address form to Personnel Services.