

FALLBROOK UNION HIGH SCHOOL DISTRICT

2234 SO. STAGECOACH LANE • FALLBROOK, CALIFORNIA 92028
(760) 723-6332 • FAX (760) 723-6344

EMPLOYEE INFORMATION

NAME: _____ DATE: _____

HOME ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE: _____ CELL PHONE: _____

EMERGENCY NAME: _____ EMERGENCY PHONE: _____

2ND EMERGENCY CONTACT NAME _____ PHONE: _____

PHYSICIAN: _____ PHONE #: _____

MEDICATIONS: _____

IN CASE OF EMERGENCY, PLEASE LIST ANY MEDICAL CONDITION YOU WOULD LIKE US TO BE AWARE OF:

SIGNATURE OF EMPLOYEE: _____

This form will be kept on file in a confidential manner.