

# 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: \_\_\_\_\_

2<sup>ND</sup> 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.