SANTA BARBARA
County Education Office
Susan C. Salcido, Superintendent

Emergency Information Card

Are you allergic to any medication? ____Yes ____No

If yes, what? _____

List any medical precautions, daily medications, etc.

_____

_____

_____

Date _____

Employee Name _____ Male _____ Female _____

Home Address _____ Phone ( ) _____
Street City State Zip

Department _____ Hours at Office _____

Person to notify in case of emergency _____ Phone ( ) _____

Address _____
Street City State Zip

1. Alternate Emergency Person _____ Phone ( ) _____

   Address _____
   Street City State Zip

2. Out of Town Contact Person _____ Phone ( ) _____

   Address _____
   Street City State Zip

IO-55 REV 07/01

Distribution: *White* - Personnel File; *Canary* - Department; *Manila* - Internal Operations