

Irvine Unified School District

Human Resources

Emergency Information Sheet

Name				School/Dept		
	Last First	Midd	le	•		
Address	D (CD' 1			Position/Title		
	Date of Birth	Male	Female	Grade(s) &		
	Number and Street	City	Zip Code	Subject (s) Taught		
	rumoer and birect	City	Zip code			
Phone				Cell Phone		
		_		•		
_	to notify in case of en	_				
Name	-		Da	ytime		
Address						
Relationship						
Alternate per	rson to contact:					
Name		Daytime				
Relationship			Telephone			
Physician		Telephone				
Address			Cit	_ City		
List ony drugs	to which you are aller	rio.				
List any drugs	to which you are affer	gic				
State any cond	ition you have which s	hould be known	by a doctor a	dministering emergency treatment		
Diagon lint the	d	1.4		1 in according to a suitant amount and a suitant amount and a suitant amount and a suitant amount and a suitant amount amount and a suitant amount am		
Please list the	denomination if you w	ould want a mini	ster contacte	d in case of a serious emergency		
Date		Signatur	e			
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