PALMDALE SCHOOL DISTRICT
2020-2021 EMERGENCY/DIRECTORY INFORMATION CARD

Revision ▼

FULL NAME Doe | Jane | Last 4 - SS# 1234

Last   First   Middle

ADDRESS 12345 Holly Court   Apt. #   City Lancaster   Zip 93534

Primary Phone #: 661-123-4567   Secondary Phone #: xxx-xxx-xxxx   DOB: 01/02/1900

( ) Listed or ( ) Unlisted

Mailing Address (if different than above)   Apt. #   City   Zip

WHOM SHALL WE NOTIFY IN CASE OF EMERGENCY   Daytime

Name John Doe   Relationship Spouse   Phone # 661-123-4568

Address 12345 Holly Court   City Lancaster   Zip 93534

Physician's Name Kaiser   Telephone # xxx-xxx-xxxx

Address   City   Zip

EMPLOYMENT INFORMATION

Position Instructional Assistant   Grade Level

School/Site Barrel Springs ▼   Immediate Supervisor Jackie Hernández

IN CASE OF SERIOUS ILLNESS OR AN ACCIDENT INVOLVING ME WHEN THE ABOVE INDIVIDUAL CANNOT BE CONTACTED, I HEREBY AUTHORIZE SCHOOL PERSONNEL TO OBLIGATE ME FOR THE SERVICES OF A LOCAL DOCTOR OR HOSPITAL.

Signature *Jane Doe*   Date 12/02/2020

I HEREBY AUTHORIZE FOR MY NAME, ADDRESS, AND TELEPHONE NUMBER TO BE PROVIDED TO THE DULY ELECTED EMPLOYEE ORGANIZATION:

IMPORTANT: IF AT ANY TIME THERE IS A CHANGE IN THE ABOVE INFORMATION, COMPLETE A NEW EMERGENCY CARD AND TURN IN TO THE HUMAN RESOURCES OFFICE IMMEDIATELY.

PALMDALE SCHOOL DISTRICT
2020-2021 ETHNICITY/RACE CARD-CLASSIFIED

This is a two-part question: a. Ethnicity mark Yes or No
                b. Race mark all that apply

Employee Ethnicity/Race:

a. Is employee Hispanic or Latino? Yes ▼

b. Please continue to answer the following by marking one or more boxes to indicate employee's race:

I have selected at least one option below. ▼

☑ **American Indian or Alaska Native**
(origins in North, Central, or South America)

☐ **Black or African American**
(origins in any of the Black racial groups of Africa)

☐ **White** (origins in any original peoples of Europe, Middle East, North Africa)

Native Hawaiian or Other Pacific Islander:
☐ Guamanian
☐ Hawaiian
☐ Samoan
☐ Tahitian
☐ Other Pacific Islander

Asian (origins in any of the original places of the Far East, Southeast Asia, or the Indian subcontinent)
☐ Asian Indian
☐ Cambodian
☐ Chinese
☐ Filipino
☐ Hmong
☐ Japanese
☐ Korean
☐ Laotian

Submit form / Enviar formulario

Once you have completed all required fields, you will click on Submit form.

Please select next recipient below

Send to this recipient

Site
Select recipient... ⌄

Email

Cc
Send a view-only link
Email (include multiple by separating with commas)

Email Subject
Sign or Review: Form for {recipient} titled Emergency Card (On-Going)

Message
You have received a document for {recipient} from Jane Doe.
Please fill out your parts of the form and submit according to instructions
on the online form and website.

☑ Allow replies to this email

Employee Ethnicity/Race:
Is employee Hispanic or Latino? Yes ⌄

After clicking Submit Form, you be directed to this page. From here, you will choose the site or department you are assigned to.

Please select next recipient below

Send to this recipient

Site	Barrel Springs- Patricia Fehribach ⌄
Email	pifehribach@palmdalesd.org
Cc	Email (include multiple by separating with commas)
Send a view-only link	

Email Subject

Sign or Review: Form for {recipient} titled Emergency Card (On-Going)

Message

You have received a document for {recipient} from Jane Doe.
Please fill out your parts of the form and submit according to instructions on the online form and website.

☑ **Allow replies to this email**

FULL NA

ADDRES

Primary P
( ) Liste
Mailing A
WHOM S
Name John
Address 1
Physician'
Address
EMPLO
Position

School/Si

IN CASE
CONTAC
DOCTOR

Signature

I HEREB
ELECTEI

IMPORT
EMERG

This is a tw

Employee Ethnicity/Race:

a. Is employee Hispanic or Latino? Yes ⌄

After selecting your assigned site or department, you will then click on Send to this recipient.

And your part is complete! ☺