

Employee Emergency Contact Information

AD-1894 (Rev. 01/22)



Employee Information

Name: <i>(Legal Last, First, Middle Initial)</i>	Personal Home Phone:	Personal Cell Phone:
Home Address: <i>(Street, City, State Zip) *Cannot be a P.O. Box</i>		
Branch/Division:		
Employee BD #:		

In Case of Emergency, Please Contact:

Primary ER Contact Name:	Relationship: <i>(Optional)</i>	
Phone Number:	2 nd Alt Phone:	3 rd Alt Phone:
Secondary ER Contact Name:	Relationship: <i>(Optional)</i>	
Phone Number:	2 nd Alt Phone:	3 rd Alt Phone:

Physician's Name:	Phone Number:
Address:	
Medical Facility:	Phone Number:
Address:	

I authorize CalSTRS to contact the aforementioned individuals in case of an emergency

Employee Signature: _____ Date: _____

Voluntary Medical Information

In case of a medical emergency, is there any medical information that may be necessary to be released for your safety:

Yes No If yes, please specify special instructions here (e.g. allergies to medications):

I decline to provide medical information. I authorize CalSTRS to release medical information in case of an emergency.

Employee Signature: _____ Date: _____