

**College of the Siskiyous**  
**Emergency Contact Form**

Effective Date: \_\_\_\_\_

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

<input type="checkbox"/> Adjunct
<input type="checkbox"/> Classified
<input type="checkbox"/> Unrepresented
<input type="checkbox"/> Certificated
<input type="checkbox"/> Short-Term
<input type="checkbox"/> Student

California Government Code 625.3 requires release of home addresses and telephone numbers of state employees to local employee organizations (i.e., CSEA, CTA). Please indicate by checking the appropriate box and signing below your preference about releasing the above information to employee organizations:

You have my permission to release my home address and telephone number to employee organizations

You do not have my permission to release my home address and telephone number to employee organizations

Employee Signature: \_\_\_\_\_

**In Case of Emergency**

Primary Contact

Name: \_\_\_\_\_

Telephone (Day): \_\_\_\_\_

Telephone (Eve): \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Secondary Contact

Name: \_\_\_\_\_

Telephone (Day): \_\_\_\_\_

Telephone (Eve): \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Contact instructions: \_\_\_\_\_

Physician: \_\_\_\_\_

Physician phone: \_\_\_\_\_

In an emergency, College of the Siskiyous is authorized to contact my physician to obtain such medical or hospital care as is reasonably necessary for my welfare.

Employee Signature: \_\_\_\_\_