

**Upper St. Clair School District
ECA Personal Data and Emergency Information
2010-2011 School Year**

*Past ECA Employees - Please **complete** this form **annually** to ensure that our records are current.*

| | |
|---|----------------------------------|
| USCSD Full Time Employee: Yes _____ No _____ Please check if New Address: _____ | |
| _____ Name | _____ Social Security Number |
| _____ Address | _____ Email |
| _____ City and Zip Code | _____ Home Phone / Cell Phone |

| | |
|---|---------------------------|
| Emergency Information Please identify individuals to be contacted in case of emergency | |
| _____ Name | _____ Telephone Number |
| _____ Name | _____ Telephone Number |
| _____ Physician | _____ Telephone Number |
| Please list any health problem or medication that you are taking or are allergic to that would be necessary to know during an emergency: _____ | |
| In case of emergency the ambulance service will transport to St. Clair Hospital. If you choose to be transported to a hospital other than St. Clair, please specify: _____ | |
| _____ Signature | _____ Date |

For Payroll purposes:

If you work for another school district please indicate name of district: _____

ECA Employee Printed Name

Signature

Date