

Nicasio School District Employee Emergency Information

Employee's Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Person(s) to Notify in Case of Emergency

1. Name: _____ Relationship: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Employer's Name: _____

Emp. Address: _____

Work Phone: _____

2. Name: _____ Relationship: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Employer's Name: _____

Emp. Address: _____

Work Phone: _____

It is recommended that at least one of the persons named above lives in Marin County or surrounding areas.

Doctor to Notify in Case of Emergency

Name of Doctor: _____

Organization Name: _____

Address: _____

Office Phone: _____

I hereby authorize the District Administrator, or persons to whom he/she has delegated this authority, to contact any one of the individuals listed above if he/she deems it necessary to do so in the event of an emergency. I shall deem it my personal responsibility to notify the District Administrator, in writing, if there is any change with regard to information on this form.

Employee Signature: _____ Date: _____