



# Berkeley Unified School District

2020 Bonar Street, Suite 206  
Berkeley, CA 94702  
(510) 6446150

## EMERGENCY CONTACT INFORMATION

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In case of emergency, I would like the District to attempt to contact the following individual(s):

### Primary Contact:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Alternate Contact:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

EMPLOYEE NAME

\_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE

\_\_\_\_\_

NOTE: IT IS IMPORTANT THAT YOU UPDATE THIS FORM WHEN CHANGES OCCUR THAT WOULD AFFECT WHO YOUR EMERGENCY CONTACT IS.