

MARIN COUNTY OFFICE OF EDUCATION 1111 Las Gallinas Avenue San Rafael, CA 94903

| Name | of Employee | : | |
|---|-------------------|------------------------|--|
| | | Last Name | First Name MI |
| Gende | er | Female | Male Non-Binary |
| | | ddress/Telephor | |
| | | • | phone in the internal/external directories |
| Home | Address: | | Chata. 7in Cada. |
| City: | a Address (if | different from 114 | State:Zip Code: |
| City | g Address (ir | different from Ho | ome Address): |
| | | | State:Zip Code: |
| | | | Cell Phone: Home email: |
| | | | |
| PERSO | N(S) TO NOT | TIFY IN CASE OF I | EMERGENCY |
| 1. Na | me: | | Relationship: |
| | dress: | | |
| Но | me Phone: _ | | Cell Phone: |
| Em | ıployer: | | |
| Em | ıployer's Add | ress: | · |
| De | partment: | | Phone: |
| In case | the person a | bove is unavailal | ble, in an urgent emergency, please contact the person below: |
| | | | Relationship: |
| | | | |
| | | | Cell Phone: |
| | | | |
| Em | iployer's Add | ress: | Di |
| De | partment: | | Phone: |
| It would | l be preferable i | if at least one of the | e persons named above lived in Marin County or surrounding areas. |
| DOCTO | OR TO NOTIF | Y IN CASE OF EM | MERGENCY |
| Name | of Doctor: | | |
| Addres | ss: | | Office Phone: |
| I hereby authorize the County Superintendent of Schools, or persons to whom she has delegated this auth | | | dent of Schools, or persons to whom she has delegated this authority, to |
| contact | any one of the | individuals listed ab | ove in case she deems it necessary to do so in an emergency. |
| | | • | o notify the Office of the County Superintendent of Schools, in writing, if son(s) or doctor to contact in case of an emergency. |
| Cianat. | uro | | Date |
| Signatt | ui E | | Date: |