



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

Name of Employee _____

Check if New Address/Telephone Number

Home Address: _____

City: _____ State _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

MCOE email: _____ Home email: _____

PERSON(S) TO NOTIFY IN CASE OF EMERGENCY

1. Name _____ Relationship _____

Address _____ Home/Cell Phone: _____

City _____ State _____ Zip Code _____

Employer _____

Employer's Address _____

Department _____ Phone _____

In case the person above is unavailable, in an urgent emergency, please contact the person below:

2. Name _____ Relationship _____

Address _____ Home/Cell Phone: _____

City _____ State _____ Zip Code _____

Employer _____

Employer's Address _____

Department _____ Phone _____

It would be preferable if at least one of the persons named above lived in Marin County or surrounding areas.

DOCTOR TO NOTIFY IN CASE OF EMERGENCY

Name of Doctor _____

Address _____ Office Phone _____

I hereby authorize the County Superintendent of Schools, or persons to whom she has delegated this authority, to contact any one of the individuals listed above in case she deems it necessary to do so in an emergency.

I shall deem it my personal responsibility to notify the Office of the County Superintendent of Schools, in writing, if there is any change with regard to the person(s) or doctor to contact in case of an emergency.

Signature _____

Date _____