



Berkeley Unified School District  
Human Resources Department  
2020 Bonar Street, Suite 206  
Berkeley, Ca 94702  
(510) 644-6150

## 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.**