

## CASD Emergency Contact Information

(This information will be kept strictly confidential and used for emergency situations only.)

Your Last Name: \_\_\_\_\_ Your First Name: \_\_\_\_\_

Address (First Line): \_\_\_\_\_

Address (Second Line): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Zip Code Extension: \_\_\_\_\_

Your Primary Number: \_\_\_\_\_ Your Secondary Number: \_\_\_\_\_

Employee's Personal Email Address: \_\_\_\_\_

### *Emergency Contact #1*

Name: \_\_\_\_\_ Primary Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

### *Emergency Contact #2*

Name: \_\_\_\_\_ Primary Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

### *Emergency Contact #3*

Name: \_\_\_\_\_ Primary Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

### *Babysitter's Name*

Name: \_\_\_\_\_ Primary Number: \_\_\_\_\_

Secondary Number: \_\_\_\_\_

Child's Name	School	School Phone	Before/After School Caregiver Name & Phone