



EMERGENCY CONTACT INFORMATION

Name (Employee): _____

Address: _____

Telephone Number: _____ Cell: _____

Please select the appropriate box if you are a Student on Placement Volunteer

Please list phone numbers in order of likelihood of accessing the individual, and identify if (h)ome, (w)ork, (c)ell.

1st Point of Contact:

Name: _____ Relationship: _____

Phone Number: 1) _____ () 2) _____ () 3) _____ ()

2nd Point of Contact:

Name: _____ Relationship: _____

Phone Number: 1) _____ () 2) _____ () 3) _____ ()

The Board prepares plans for emergency situations. If there is relevant information with respect to a medical condition that may warrant the development of an individual emergency assistance and/or accommodation plan, please discuss with your immediate supervisor.

I acknowledge the above information is correct, and that if this information changes I have a responsibility to provide the updated information to my immediate supervisor.

Date: _____

Signature: _____

Please return this completed form to your immediate Supervisor as well as to Human Resources.

Note to Supervisors: Please retain all forms in a readily accessible and secure location for your or your designate's access in the event of an emergency. Please also provide all updated copies to Human Resources (HR) for the HR database. A copy will also be retained in your personnel file.

We are collecting this information under the authority of the Education Act, and to meet our obligation of due diligence with regards to the Occupational Health and Safety Act and the Accessibility for Ontarians with Disabilities Act. Completion of this document is strongly recommended, however participation is optional for the employee. The purpose of the collection is to prepare for and support dealing with emergencies. It will be shared with the employee's immediate supervisor and/or designate, and HR. For information on this collection, please contact Human Resources.