

## **EMERGENCY CONTACT INFORMATION**

| Please select the appropriate box:   Employee                                                                                                  | ☐ Student on Placement ☐ Volunteer                                                | -   |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----|
| Your Name:                                                                                                                                     |                                                                                   |     |
| Your Address:                                                                                                                                  |                                                                                   |     |
| Your Telephone Number:                                                                                                                         | Cell:                                                                             | _   |
| Please list phone numbers in order of likelihood of accessing                                                                                  | g the individual, and identify if <b>(h)</b> ome, <b>(w)</b> ork, <b>(c)</b> ell. |     |
| 1 <sup>st</sup> Point of Contact:                                                                                                              |                                                                                   |     |
| Name:                                                                                                                                          | Relationship:                                                                     |     |
| Phone Number: 1)(_) 2)                                                                                                                         | (_) 3)(_                                                                          | _)  |
| 2 <sup>nd</sup> Point of Contact:                                                                                                              |                                                                                   |     |
| Name:                                                                                                                                          | Relationship:                                                                     |     |
| Phone Number: 1)(_) 2)                                                                                                                         | (_) 3)(_                                                                          | _)  |
| The Board prepares plans for emergency situation to a medical condition that may warrant the devand/or accommodation plan, please discuss with | elopment of an individual emergency assistan                                      |     |
| I acknowledge the above information is correct responsibility to provide the updated information                                               | •                                                                                 | e a |
| Date: S                                                                                                                                        | iignature:                                                                        |     |

Please return this completed form to the principal / immediate supervisor.

**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.

For employee forms, please also provide all updated copies to Human Resources for the 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 at (705) 673-5620.