



**EMERGENCY CONTACT INFORMATION**

**This information will be used in an emergency situation ONLY if the employee is unable to communicate the required information.**

**(Please print all information)**

<b>Name: Last</b>	<b>First</b>	<b>Initial</b>	<b>O.H.I.P. Number</b>
<b>Name of Family Physician:</b>			<b>Telephone No.</b>
<b>I have a health concern/allergy that could be relevant to my treatment:</b>			
<b>The person who has my medical power of attorney is:</b>			
<b>Name:</b>		<b>Telephone No.</b>	
<b>In the event of an emergency whom would you prefer us to contact?</b>			
<b><u>First Choice</u></b>			
<b>Name:</b>			
<b>Telephone Home:</b>			
<b>Telephone Work:</b>			
<b>Cell Phone No:</b>			
<b><u>Second Choice</u></b>			
<b>Name:</b>			
<b>Telephone Home:</b>			
<b>Telephone Work:</b>			
<b>Cell Phone No:</b>			
<b>Signature:</b>		<b>Date:</b>	
<b>I DO NOT WISH TO PROVIDE THIS INFORMATION</b>			
<b>Signature:</b>		<b>Date:</b>	

**NOTE: This information is confidential and will be kept in a locked file in the Human Resources Office. Access to this file is limited to authorized employees only.**