

Emergency Contact Information Form

Voluntary

Employee Name:	Employee Home Phone Number:
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PLEASE ENSURE AT LEAST ONE CONTACT IS NOT A FAMILY MEMBER

1. Emergency Contact Name:	Emergency Contact Phone Number:
Relationship:	Alternate Phone Number:

2. Emergency Contact Name:	Emergency Contact Phone Number:
Relationship:	Alternate Phone Number:

3. Emergency Contact Name:	Emergency Contact Phone Number:
Relationship:	Alternate Phone Number:

The above information will be stored confidentially. The employee's home phone number will be only shared with the employee's direct Supervisor. The emergency contact information will only be accessed if there is an emergent situation, such as the employee is injured at work, or if there is a medical issue. The employee's direct Supervisor or Human Resources would access the contact information. Please note the information collected on this form is compliant with the FIOPP act, and that this form is voluntary.

To authorize the use of this information in case of emergency:	
<i>I declare that this is my information that was voluntarily submitted by me.</i>	Date:
Employee signature or email address: _____	

Send completed form to:

hroffice@nlsd113.com
Northern Lights School Division #113
Attn: Human Resource Department
Bag Service #6500
LA RONGE SK S0J 1L0
Fax 306 425-2555