

BC CENTRE FOR ABILITY EMERGENCY CONTACT FORM

Date Submitted: _____



A. We are updating personnel files with regard to contact in an employee emergency. Please fill out the form below and return to HR Department.

Staff Name:		
First Contact Person:		
Relationship:		
Phone Number:	Home	Work
Address:		

Second Contact Person:		
Relationship:		
Phone Number:	Home	Work
Address:		

B. Would you like the same person(s) to be contacted if you child has an emergency and you cannot be located? ~YES ~NO

If **no**, please indicate contact person:

Contact Person:		
Relationship:		
Phone Number:	Home	Work
Address:		