Employee Emergency Contact

The following information will be kept in the Employee's file for reference in the event of emergency:

Employee's Name _____

Employee's Position _____

Supervisor's Name _____

Personal Contact Information:

Home Address _____

City, Province, Postal Code_____

Cell Telephone #_____ Home Telephone #_____

Emergency Contact Information

1. Name _____ Relationship _____

Home Address _____

City, Province, Postal Code_____

Cell Telephone #_____ Home Telephone #_____

2. Name _____ Relationship _____

Home Address _____

City, Province, Postal Code_____

Cell Telephone #_____ Home Telephone #_____

☐ I have voluntarily provided the above contact information and authorize Guardian Light Quality Care Services, and its representatives to contact any of the above on my behalf in the event of an emergency.