***EMERGENCY CONTACTS & MEDICAL CONCERNS***

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| **PERSONAL CONTACT INFORMATION** |
| **NAME** | **DEPARTMENT** |
| **CURRENT ADDRESS** | **CITY / TOWN** | **PROVINCE** | **POSTAL CODE** |
| **PERMANENT ADDRESS** | **CITY / TOWN** | **PROVINCE** | **POSTAL CODE** |
| **HOME PHONE #** | **ALTERNATE PHONE #(S)** |
| **EMERGENCY CONTACT INFORMATION** |
| **NAME** | **RELATIONSHIP** |
| **PHONE #** | **ALTERNATE PHONE #(S)** |
| **NAME** | **RELATIONSHIP** |
| **PHONE #** | **ALTERNATE PHONE #(S)** |
| **DOCTOR CONTACT INFORMATION** |
| **NAME** | **PHONE #** |
| **NAME** | **PHONE #** |
| **MEDICAL INFORMATION (Food /drug allergies, medical conditions)** |
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Synterra Security Solutions LP protects the personal information it gathers. For details, refer to Employee and Contractor Privacy Policy in the Human Resources Policy Manual.

Signature Date