***EMERGENCY CONTACTS & MEDICAL CONCERNS***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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)** | | | | |
|  | | | | |
|  | | | | |

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