BRITISH COLUMBIA
The Best Place on Earth
Ministry of Social Development

EMPLOYEE EMERGENCY CONTACT / MEDICAL INFORMATION

The collection, use and disclosure of the personal information collected on this form is subject to the provisions of the *Freedom of Information and Protection of Privacy Act.* Any questions or concerns regarding the collection, use or disclosure of this information should be directed to your local OSH representative or First Aid Attendant.

The information collected on this form is purely **voluntary** and will be kept **confidential** and will only be accessed by a First Aid Attendant in the event of an emergency.

Date (YYYY MMM DD)

Personal Information:

Name	Birthdate (YYYY MMM DD)	PHN#
Home Address		
Telephone	Alternate Phone	Cell Phone
Doctor / Specialist		Doctor / Specialist Telephone

Emergency Contact Information:

Name	Relationship	Telephone
Name	Relationship	Telephone
Name	Relationship	Telephone
Name	Relationship	Telephone

Additional Contact Information (i.e. School, Daycare, etc.):

Name	Relationship	Telephone
Name	Relationship	Telephone
Name	Relationship	Telephone

Sample

Relevant Medical History (Please include any allergies and medications):

Other Comments (i.e. Contact Lenses, Medic Alert, etc.):

I confirm that the information on this page is my personal information and is, to the best of my knowledge, to be true and accurate.

Signature	Print Name	Work Telephone