



# PROCEDURES

**SECTION: HUMAN RESOURCES**

**NO: HR – RE - 04**

**REFERENCE: RECRUITMENT**

**Date: October 6, 2020**

**Next Review Date:  
October 2022**

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**TITLE: EMERGENCY CONTACT INFORMATION**

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## **1.0 PROCEDURE**

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- 1.1 After the appropriate form has been completed, the original will be forwarded to the Human Resources Department.
- 1.2 The emergency contact information will be updated annually. All employees are responsible to report any, and all changes to information contained on the form as the changes occur.
- 1.3 Changes to the form will be made through the Human Resources Department.
- 1.4 A copy of the form shall be provided to the employee's immediate supervisor.
- 1.5 The original form shall be retained in the employee's personnel file.

History			
Approval Date:	February 7, 2005	Approved by:	Council Resolution
Amendment Date:	October 6, 2020	Approved by:	CAO
Amendment Date:		Approved by:	
Amendment Date:		Approved by:	
Amendment Date:		Approved by:	
Amendment Date:		Approved by:	

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**This procedure is subject to any specific provisions of the Municipal Act, or other relevant legislation or Union agreement.**



# DRYDEN

## HR-RE-04 Emergency Contact Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Health Card Number: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Complete the following. Return the completed original to Human Resources Department.

☐ **Current home mailing address and telephone number**

Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal \_\_\_\_\_

Telephone number ( ) \_\_\_\_\_

☐ **Emergency information (in order of priority)**

Contact person \_\_\_\_\_

Relationship to employee \_\_\_\_\_

Phone number(s) ( ) \_\_\_\_\_

☐ **Emergency information**

Contact person \_\_\_\_\_

Relationship to employee \_\_\_\_\_

Phone number(s) ( ) \_\_\_\_\_

**Special Medical Information (such as allergies, medical conditions, etc):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Effective date:** \_\_\_\_\_

*Personal Information contained on this form is collected pursuant to the Municipal Act, 2001, and will be used for the purpose of establishing an emergency contact list for employees. Questions with respect to the collection of personal information should be addressed to the Freedom of Information and Privacy Coordinator, City of Dryden, 30 Van Horne Avenue, Dryden, ON P8N 2A7 (807) 223-1127.*

This procedure is subject to any specific provisions of the Municipal Act, or other relevant legislation or Union agreement.