



# Emergency Contact Information

## User Information

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Affiliation \_\_\_\_\_  
Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Medical/ Allergy concerns \_\_\_\_\_

## Emergency Contact #1 Information

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_

## Emergency Contact #2 Information

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_

- I \_\_\_\_\_ verify that I have reviewed the required safety documents and have reviewed the Emergency Communication Protocol documentation for conducting research at the Trail Valley Creek research station.
- I agree to sharing the above information with Wilfrid Laurier University and users of the Trail Valley Creek research station solely for the purpose of emergency situations.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_