



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 _____

Relationship _____

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: _____