



VOLUNTEER EMERGENCY CONTACTS

School Year: _____

Name: _____

Address: _____

Telephone: _____

Family Doctor*: _____ Phone: _____

Doctor's Address: _____

* Should my family doctor not be available, I agree that the principal, in an emergency, shall call any local doctor or ambulance.

In case of emergency, please notify:

Name: _____

Address: _____

Telephone: _____

If you have any health condition or intolerance to certain medications, please indicate below:

Information Collection Authorization: Personal information on this form is collected under the authority of the Education Act and will be used for administrative purposes as determined in the Administrative Procedure for Volunteer Programs in the Peterborough Victoria Northumberland and Clarington Catholic District schools, and will be retained only for the current school year. Questions about this collection of personal information should be directed to school Principal or the Manager of Communications and Freedom of Information/Protection of Privacy, Peterborough Victoria Northumberland and Clarington Catholic District School Board, 1355 Lansdowne Street West, Peterborough, Ontario, K9J 7M3. Phone: (705) 748-4861, Ext. 245 or (800) 461-8009 Fax: (705) 748-9691

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