

KOFFLER SCIENTIFIC RESERVE AT JOKERS HILL

A DIVISION OF 1140011 ONTARIO LTD.

2017 EMERGENCY CONTACT FORM

PERSONAL INFORMATION:

Name _____

Date of Birth _____

Cell Phone No. _____

Email _____

Home Address _____

STREET ADDRESS

CITY

PROVINCE

POSTAL CODE

University/Institution _____

Supervisor's Name _____

EMERGENCY CONTACT INFORMATION:

Name of Contact _____

Daytime Phone No. _____

Evening Phone No. _____

Relationship _____

(e.g. spouse/partner, parent, sibling, friend)

Please provide an alternate contact:

Name of Contact _____

Daytime Phone No. _____

Evening Phone No. _____

Relationship _____

(e.g. spouse/partner, parent, sibling, friend)

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Do you have any medical conditions that we should be aware of in an emergency situation?
(e.g. allergies, high blood pressure) Please briefly explain below.

Submit completed forms:

- *By email to ksr.manager@utoronto.ca*

OR

- *In person to the KSR Station Manager, Stephan Schneider*