|  |  |
| --- | --- |
| **Name (First and Last):** |       |
| ADDRESS | **Street:** |       |
| **City:** |       | **Postal Code:** |       |
| **Telephone #:** |       | **Alternate Phone:****Email:** | (     )            |
| **EMERGENCY CONTACT #1** | **Name:** |       |
| **Address:** |       |
| **Relationship:** |       |
| **Telephone #:** |       | **Alternate Phone #:** | (     )       |
| **EMERGENCY CONTACT #2** | **Name:** |       |
| **Address:** |       |
| **Relationship:** |       |
| **Telephone #:** |       | **Alternate Phone #:** | (     )       |

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| *By signing below, in the event of a medical emergency, I am authorizing member of the Peterborough Police Service to contact my emergency contacts listed above.* |
| Signature:       | Date (day/month/year):        |

Disclaimer: Personal information used, disclosed, secured or retained by the Peterborough Police Service will be held solely for the purposes for which we collected it and in accordance with the Freedom of Information and Privacy Act.