



# GREYSTOKE

Homes & Support Services Inc.



## Emergency Contacts

<b>Staff Name</b> (last, first, middle)	<b>Staff date of birth</b> (mm/dd/yy)
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In the event that the above named employee is involved in an emergency while at work, please contact the following person(s) as soon as possible.

Contact Name	Phone Number	Relationship
<b>Contact Name</b>	<b>Phone Number</b>	<b>Relationship</b>

I give permission for Greystoke Homes & Support Services Inc. to contact the above people.

<b>Signature:</b>	<b>Date</b> (mm/dd/yy)
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