

**IATSE Local 118 - Emergency Contact Information**

Please print clearly!

\_\_\_\_\_  
Name

**In the event of an emergency, please contact:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone (home)

\_\_\_\_\_  
City

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Phone (cell)

\_\_\_\_\_  
Contact's Email Address

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**I authorize IATSE Local 118** to enter this emergency contact information (name, address, phone number(s), and email address) into the Local's database.

I understand that this emergency contact information will remain confidential, and will only be used in the event of my being injured or becoming ill while at work, or in the event of medical or emergency personnel contacting IATSE Local 118 for such information.

This authorization will remain in effect until I give written notice to cancel it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **IATSE Local 118 - Emergency Contact Information**

In recent months, there have been several incidents when members were injured or became ill, and Local 118 did not have emergency contact information to assist medical personnel, or to contact a family member or friend.

**We encourage everyone who works in Local 118's jurisdiction to complete an Emergency Contact Information form.**

This information will remain confidential, and will only be used in the event of a worker being injured or becoming ill while at work, or in the event of medical or emergency personnel contacting IATSE Local 118 for such information.

**Thank you for your cooperation.**