North Bay Regional Health Centre | Centre régional de santé de North Bay

# Emergency Contact Form

Name _____ Email _____

Date of Birth _____ Phone Number _____
Day Month Year

Address _____ City _____ Postal Code _____

**Emergency Contact Information**

Name _____ Relationship _____ Phone Number _____

Physician _____ Phone Number _____

**School Contact Information**

College / University Name: _____

Program: _____ Department/floor of placement: _____

Name of Supervisor: _____Extension:_____

Dates of placement: _____ to _____

***CODE OF CONDUCT AGREEMENT***

Patient's, residents, clients/outpatients or visitors found to be engaged in violations of the code of conduct may be subject to remedy. Such remedies may include removal of visitation rights or discharge, if appropriate. A patient/client whose judgment is impaired (temporarily or permanently) on account of their mental or cognitive state (e.g. post-operative delirium, dementia, brain injury, psychoses, developmental delay/disability, and autism) may not be responsible for their actions. In such cases appropriate actions(s) will be as per the procedure for patients/clients, outlined in the organization's Workplace Violence and Harassment HS-10

I have reviewed and understand North Bay Regional Health Centre's Code of Conduct and will conduct myself with the standards outlined above.

_____ _____ _____
Print Name Signature Date

Please forward all completed forms to ***Studentstupport@nbrhc.on.ca***