



Codladh Sámh

*You Love : We Care*

## In The Case of Emergency

Healthcare Assistant Name: \_\_\_\_\_  
Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
Eircode: \_\_\_\_\_  
Telephone No: \_\_\_\_\_

Dear Name,

Re: Emergency Contact Information

In the unlikely event of an emergency, it is important that we have a point of contact for each staff member and client. We require the following information together with your permission to contact the person or persons named in the form.

### Staff Consent Form in Case of an Emergency

Please provide, in order of priority, the names of the person or persons that Codladh Sámh may contact in the event of an emergency while you are working with Codladh Sámh.

Name	Mobile Number	Relationship to you

I, [name in block letters] \_\_\_\_\_, consent, that in the event of an emergency, Codladh Sámh may contact the person or persons listed above.

Signed: \_\_\_\_\_  
Healthcare Assistant

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Catherine Fennell  
On Behalf of Codladh Sámh

Date: \_\_\_\_\_