

EMERGENCY NOTIFICATION FORM

The purpose of this form is to have timely access to medical and personal information that would be useful in the event of a serious injury or accident. This information will be confidential and will remain in a sealed envelope in the communications center, to be opened if you are injured and are not able to provide the necessary information.

Please complete the form, seal it in the provided envelope and return it to:

Please type or Print	Date:
Last Name:	
First Name:	
Middle Initial:	
DOB:	
Sex:	
Race:	
Home address, Street:	
City:	
State:	
Zip Code:	
Home Phone Number:	
Office Phone Number:	
Other Phone Number:	
Social Security Number:	
Department Seniority Date:	
State Seniority Date:	
Person To Contact in An Emergency Situation:	
Name:	
Relationship to You:	
Daytime Phone Number:	
Evening Phone Number:	
Other Person You Want Contacted In An Emergency:	
Name:	

Relationship to You:
Daytime Phone Number:
Evening Phone Number:
If you are killed or seriously injured, is there a particular person you would like to notify your family members?
Name:
Relationship to you:
Daytime Phone Number:
Evening Phone Number:
List Any Allergies to Drugs or Medicine:
Other Emergency Information:
Signature:
Date:

This form will be placed in a SEALED ENVELOPE and kept in the communications center to be opened ONLY in the case of an emergency.