

ANNE ARUNDEL COUNTY FIRE DEPARTMENT

EMERGENCY NOTIFICATION FORM

Employee Name: _____

Badge Number: _____

Address: _____

Blood Type: _____

In the event of an injury which requires hospitalization, who do you wish to be notified?

Name: _____

Home Phone: _____

Relationship: _____

Work Phone: _____

Address: _____

Cell Phone: _____

If unable to reach your first choice, please list a second choice.

Name: _____

Home Phone: _____

Relationship: _____

Work Phone: _____

Address: _____

Cell Phone: _____

In the event of an extremely serious injury or death, please list the name of the person to be notified in person.

Name: _____

Home Phone: _____

Relationship: _____

Work Phone: _____

Address: _____

Cell Phone: _____

Work Address: _____

If you desire someone to accompany the Fire Department representative in making the notification, please list below. (Fellow FireFighter, Clergy, Relative, Friend, Etc.)

Name: _____

Home Phone: _____

Relationship: _____

Work Phone: _____

Address: _____

Cell Phone: _____