

# 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: \_\_\_\_\_