

Lane Fire Authority

EMERGENCY NOTIFICATION INFORMATION

*Please completed the following Emergency Notification Information
Do not leave lines blank, write "NA" in fields that are "not applicable" or unknow
Incomplete emergency notification forms will not be accepted*

NAME: _____

Date: _____

Home Address: _____

Home Phone: _____

Emergency Contact _____

Home Phone: _____

Address: _____

Employer: _____

Work Phone: _____

ADDITIONAL NOTIFICATION

1. Name: _____

Phone: _____

Address: _____

2. Name: _____

Phone: _____

Address: _____

PRIMARY PHYSICIAN

Name: _____

Office Phone: _____

Hospital Preference (name) : _____

Blood Type _____ Allergies: _____

Medications Being Used: _____

I hereby authorize the use of the above information only in case of an emergency.

Printed Name: _____

Signature: _____

Date: _____

Please return completed forms to: Lane Fire Authority
CO: Casey Pape`
Training Lieutenant
88050 Territorial Hwy
Veneta, OR 97487

Or Email at: Caseypape@Lanefire.org