

EMERGENCY NOTIFICATION INFORMATION

PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93.579) and the Information Practices Act of 1977 (Civil Code Section 1798, et seq.), this notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification to inspect all personal information in any record maintained on the individual by identifying particular. Direct any inquiries on information maintenance to your IPA officer.

Date: / /20

Volunteer First Name:	Volunteer Last Name:	
Office/Day Phone Number: () -	Home Phone Number: () -	
Home Street Address:		
City:	State:	Zip code:

PERSONS TO NOTIFY IN CASE OF EMERGENCY

1	First Name:	Last Name:
	Relationship:	
	Phone Number 1: () -	Phone Number 2: () -
	Address:	
	City:	State:
2	First Name:	Last Name:
	Relationship:	
	Phone Number 1: () -	Phone Number 2: () -
	Address:	
	City:	State:

PREDESIGNATING YOUR PHYSICIAN FOR AN OCCUPATIONAL INJURY/ILLNESS

If you wish to pre-designate your physician for an occupational injury/illness, please fill out the following information.

I request the services of my personal physician in case of a work related or non-work related injury/illness.

(Must be agreed upon and signed by your primary physician/chiropractor. If the form is not signed and returned, the physician/chiropractor will not be considered pre-designated.)

Physician First Name:	Physician Last Name:	
Office Phone Number: () -		
Medical Facility:		
Office Address:		
City:	State:	Zip code:

SPECIAL ASSISTANCE IN AN EMERGENCY/MEDICAL CONDITIONS/HEALTH CONSIDERATIONS

Please specify any special assistance, medical conditions, or health considerations that should be shared with emergency personnel.

Volunteer Signature:	Date:
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