



**GALENA FIRE DEPARTMENT
Policy and Procedure Manual**

#18

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Fire Chief Signature

Date

EMERGENCY INFORMATION

In order to have the necessary information available in the event of a member injury, it is important that the Department possess specific details that can assist in the notification of family members or in the medical treatment of a member injured as a result of a department response, detail or other event.

Upon entry into the Department, each member will provide the following information. Existing active members will also provide this information upon approval of this policy.

It is the responsibility of each member to notify the Chief of the Department if any information on this form needs to be changed. The Department will remind Members during the first meeting of each year of the need for reviewing and updating this material so that necessary changes can be made.

This information will comply with the highest degree of confidentiality and security, as well as federal HIPAA laws. The following information is on the Emergency Information Form:

FULL NAME (last, first, middle)	FIREFIGHTER ADDRESS
TELEPHONE NUMBER	CELL PHONE NUMBER
E-MAIL ADDRESS	DATE OF BIRTH
SOCIAL SECURITY NUMBER	BLOOD TYPE
ALLERGIES	MEDICATION
DISTINGUISHING / IDENTIFIABLE MARKS	
RELIGION	DRIVER'S LICENSE NUMBER
EMERGENCY CONTACT NAME	
RELATIONSHIP	ADDRESS: STREET
CITY/ STATE	ZIP CODE
CONTACT PHONE NUMBER	PRIMARY BENEFICIARY