

EMERGENCY NOTIFICATION INFORMATION

Appendix A

Date Prepared			
Last Name	First Name	Middle Initial	
Physical Address			
City	State	Zip Code	
Home Phone	Date of Birth	Social Security Number	
PRIMARY NEXT OF KIN NOTIFICATION			
Last Name	First Name	Relationship	
Physical Home Address (No PO Box)			
City	State		
Primary Phone Number	Secondary Phone Number		
Primary Next of Kin's Place of Work	Phone Number at Work		
Primary Next of Kin's Physical Work Address			
City	State		
Any known medical conditions to be advised of when making any notification to the primary next of kin? (List)			
Who would you like to make notification of major injury or death to your primary next of kin?	Phone number to reach this person		
CHILDREN			
Last Name	First Name	Phone Number	Date of Birth
Physical Address			
City	State		
Last Name	First Name	Phone Number	Date of Birth
Physical Address			
City	State		

SECONDARY NEXT OF KIN NOTIFICATION	
Please indicate a second next of kin whom you would want to be notified if the primary next of kin is not available.	
Last Name	First Name
Relationship	
Physical Address (No PO Box)	
City	State
Primary Phone Number	Secondary Phone Number
Secondary Next of Kin's Place of Work	Phone Number at Work
Secondary Next of Kin's Physical Work Address	
City	State
Any known medical conditions to be advised of when making any notification to the secondary next of kin? (List)	
Who would you like to make notification of major injury or death to your secondary next of kin?	Phone number to reach this person
MEDICAL	
In the event of a major injury and you are unconscious, what are your wishes regarding life support services?	
Who has rights to carry out your wishes regarding life support services?	
What are your wishes regarding blood transfusions?	What is your blood type?
Are you an organ donor?	
Name of clergy, priest, or minister to be notified (<i>Optional</i>)	
Denomination (<i>Optional</i>)	
Are there any people you would not like notified in case of major injury or death?	
Are there any pets that need immediate care? If so, where are they located?	