EMERGENCY NOTIFICATION INFORMATION Appendix A

		Date Prepared			
Last Name	First Name		Middle Initial		
Physical Address					
City	State			Zip Code	
Home Phone	Date of Birth (YYYY/MM/DD)	Date of Birth (YYYY/MM/DD)		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 S	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 F	ïrst Name	Phone Nur	mber	Date of Birth	
Physical Address					
City S	itate				
Last Name F	ïrst Name	Phone Nur	mber	Date of Birth	
Physical Address					
City S	itate				

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)					
y 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 (Optional)					
Denomination (Optional)					
Are there any people you would not like notified in case of major injury or death?					
Are there any pets or dependents that need immediate care? If so, where are they located?					

Anything else we should know in case of injury or death?