



Lane Fire Authority

P.O. Box 398, Veneta, Oregon 97487
541.935.2226
www.lanefire.org

EMERGENCY NOTIFICATION INFORMATION

NAME _____ Date: _____

Home Address: _____ Home Phone: _____

SPOUSE'S NAME _____ 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: _____

If under 18 years of age:

Parent/Guardian Signature: _____

Print: _____