



SAN JUAN ISLAND FIRE DEPARTMENT

Emergency Contact Information

The information you provide will only be used in the event of your serious injury or death in the line of duty. Please complete this accurately; it will help the department take care of your family and friends.

Your Information

Name _____

Physical or Street Address _____

Whom Should We Notify In Case of Emergency

Name _____

Relationship _____

Physical or Street Address _____

Home Phone / Cell Phone _____ / _____

Employer _____

Work Address _____

Work Phone _____

Special Circumstances (do they have health concerns, is an interpreter needed)

Additional Information

Names and date of birth of your children

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Are there department members you would like to accompany a chief officer to make any notification?

Is there anyone else you would like to help with notification: i.e. minister or cleric?

Name _____

Relationship _____

Contact Information _____

Are there additional considerations or other information you would like the department to have should an emergency notification be needed?

Your signature _____ Date _____