

Henry County Emergency Management Agency\DHS

107 S 12th Street

New Castle IN 47362-

Work (765) 521-0582 24 Hr. (765) 529-4890 Work (765) 521-3657

E-Mail ema@henryco.net

Organization Name			County	Assigned I.D. Card Number					
Prefix	First Name	Middle	Last	Title					
Address									
Dept. I.D. #	Social Security #	Drivers License #		D.O.B.					
Height	Weight	Hair	Eyes	Blood Type	CPC Sizing	Boot Size	Suit	Glove Size	Face Piece
Allergies									
Medical History									
Medications									
Home Phone			Work Phone		Ext				
Mobile Phone			FAX		Additional Phone				
E-Mail Address									
Emergency Contact Person					Emergency Contact Phone				
Comments (i.e. Special Training or Equipment)									

By completing and submitting this document I authorize my employer to use the included information on my employer issued Identification Card. And with full understanding that my information is being presented to a third party for printing and maintenance.

Signed _____ Dated ___/___/___

I _____ (Name and Title) authorize the Henry County Emergency Management Agency\DHS to supply the above individual one or more _____ (Organization) Identification Card(s)

Signed _____ Dated ___/___/___
