



Henry County

Office of Emergency Management

EMERGENCY OPERATIONS CENTER, 216 South 12th Street, New Castle IN 47362
 Phone: (765) 521-0582 - Fax: (765) 521-3657 - Email: ema@emgsvcs.net
 24 hour phone - (765) 529-4890 - Web Site: www.henrycoema.org



Organization Name			County		Assigned I.D. Card Number				
Prefix	First Name	Middle	Last	Title					
Address									
Hire Date	Dept. I.D. #	PSID #	D.O.B.		Driver's License #				
(Required)									
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 _____

NIMS -	<u>Comments (i.e. Special Training or Equipment)</u>
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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 (by name on card): _____ Date: ____/____/____

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

Signed (Chief): _____ Date: ____/____/____