Beaverhead Deerlodge National Forest Employee Emergency Information Sheet

Please fill out this form as completely as possible in order to be prepared in case the unthinkable happens to one of our own. When filling this out, think of how you would want your loved ones notified if something were to happen to you. Information you provide here will be kept strictly confidential, and your responses are optional. After completing the following information, give a copy of the form to your administrative liaison.

Date:_____ Program you work for: _____ Direct Supervisor: _____
(*examples, D1 Fire, D4 Range ect..)*

Name: _____
(Last Name) (First Name) (MI)

Phone numbers : Daytime Evening Cell/other

Home Address (No PO Box): _____

Medical Conditions or Allergies: _____

In case of emergency, have a Forest Service representative contact:

# in Order		Name	Daytime Address	Nighttime Address	Phone Number(s)
	Spouse/Partner				
	Children				
	Mother				
	Father				
	Closest Relative(s)				
	Other				

I would like _____ to accompany anyone sent to give emergency information to my family.

His/her address: _____

His/her phone number: _____

Other emergency or notification concerns (for example: a minister to contact, child care concerns, pets unattended, access to your unattended residence, etc.) include:

This form will be kept secure and confidential, and will only be accessed in case of emergency.