



Omaha Police Department EMPLOYEE EMERGENCY DATA SHEET



Date _____ Name _____
(Last/First/MI)

Job Classification Volunteer/Student Intern Serial No. NA DOB _____

Res. Address _____ Res. Telephone No. _____

City _____ State _____ Zip Code _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Primary Contact

Name _____ Relationship _____

Res. Address _____ Telephone No. _____

Bus. Address _____ Telephone No. _____

Cellular No. _____ Pager No. _____ Other _____

Secondary Contact

Name _____ Relationship _____

Res. Address _____ Telephone No. _____

Bus. Address _____ Telephone No. _____

Cellular No. _____ Pager No. _____ Other _____

YOUR PHYSICIAN INFORMATION

Name _____

Address _____ City _____ State _____

Phone Numbers: Business _____ Residence _____ Emergency _____

Are you Allergic to any Drugs? No Yes (specify) _____

ANY ADDITIONAL INFORMATION YOU WISH TO SUPPLY SO EMERGENCY CARE CAN BE OBTAINED FOR YOU QUICKLY, IF NEEDED, PLEASE MAKE NOTATION IN THIS SPACE