BURNSVILLE FIRE DEPARTMENT - CONFIDENTIAL EMERGENCY DATA FORM – 2025

EMPLOYEE FULL NAME WITH MIDDLE INITIAL:				DOB:
HOME ADDRESS/CITY/STATE/ZIP:				PHONE:
HEIGHT:	WEIGHT:	HAIR:	EYES:	DL#

HOME PH:	PERSONAL CELL:	WORK PH/VOICE MAIL:	WORK CELL:	MARITAL STATUS

MEDICAL INFORMATION

BLOOD TYPE:	ALLERGIES:	MEDICATIONS:	ORGAN DONOR:
DOCTOR / CLINIC NAME & ADDRESS:			PHONE:
DENTIST / NAME & ADDRESS			PHONE:

EMERGENCY CONTACT INFORMATION

PRIMARY FULL NAME:		RELATIONSHIP:	DOB:	CELL PH:
HOME ADDRESS, IF DIFFERENT:			HOME PH, IF DIFFERENT:	
EMPLOYER NAME & ADDRESS:			WORK PH:	
ALTERNATE CONTACT FULL NAME:		RELATIONSHIP:	DOB:	CELL PH:
HOME ADDRESS, IF DIFFERENT:			HOME PH, IF DIFFERENT:	
EMPLOYER NAME & ADDRESS:			WORK PH:	
CHILD FULL NAME:	PARENT TO CONTACT IF MINOR		CHILD DOB	ADULT CHILD PH
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SPECIAL CIRCUMSTANCES TO BE MADE AWARE OF, UNIQUE FAMILY RELATIONSHIPS, NEED FOR INTERPRETER, ETC.

FIRE DEPARTMENT MEMBER WHO YOU WOULD LIKE TO NOTIFY FAMILY IN THE EVENT OF A LODD?

NAME	CLERGY/FAITH LEADER / HOUSE OF WORSHIP PHONE:

WHO DO YOU DESIRE TO BE YOUR FAMILY LIAISON?

NAME #1:	NAME #2:

I WILL REVIEW THIS INFORMATION ANNUALLY OR WHEN THERE IS A CHANGE

EMPLOYEE AUTHORIZATION:	DATE: