



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: _____ Township: _____
Address: _____ City: _____ ST: ___ ZIP: _____
TX: (____) ____ - _____ Email: _____

Card Holder Information

Rank/Title: _____ Hire Date: _____ Dept. I.D. #: _____ PSID #: _____ - _____

Prefix: _____ First Name: _____ Middle: _____ Last: _____

Address: _____ City: _____ ST: ___ ZIP: _____

D.O.B.: ____/____/____ Driver's License #: _____ (Required)

Home TX: (____) ____ - _____ Work TX: (____) ____ - _____ ext _____

Mobile TX: (____) ____ - _____ FAX: (____) ____ - _____ Additional TX: (____) ____ - _____

E-Mail Address: _____

Emergency Contact Person: _____ TX: (____) ____ - _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____ Blood Type: _____

Allergies: _____

Medical History: _____

Medications: _____

Comments (i.e. Special Training or Equipment): _____

By completing and submitting this document I authorize my employer to use the included information on my Identification Card and with full understanding that my information is being presented to a third party for printing and maintenance and that the card is the property of the issuer and must be surrendered upon request of my department.

Signed (by name on card): _____ Date: ____/____/____

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

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