

## OSF Saint Francis Medical Center Life Flight Ride-Along Emergency Notification Form

Photograph \_\_\_\_\_

Name: \_\_\_\_\_

First

Middle

Last

Complete Home Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Next of Kin:** \_\_\_\_\_

(please draw a map on the back of this form to next of kin's home)

Who do you want to notify next of kin: \_\_\_\_\_ Phone: \_\_\_\_\_

<u>Name</u>	<u>Relation</u>	<u>Address</u>	<u>Day &amp; Night Phone #'s</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Child(ren) information -**

Name(s): \_\_\_\_\_  
 School/Daycare Name : \_\_\_\_\_  
 Location (town) : \_\_\_\_\_  
 Phone # : \_\_\_\_\_

*Add more children  
On back*

Name: \_\_\_\_\_  
 School/Daycare Name: \_\_\_\_\_  
 Location (town): \_\_\_\_\_  
 Phone # : \_\_\_\_\_

Contingency plan if participant is unable to pick kids up from school (spouse, relative, police):

\_\_\_\_\_

Physician/Location: \_\_\_\_\_

Religion or Belief : \_\_\_\_\_

Church affiliation and location: \_\_\_\_\_

Dentist: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Work Phone # : \_\_\_\_\_ Home # : \_\_\_\_\_

**Date Completed:** \_\_\_\_\_

(Office Use Only)

Faxed to Medical Communications on \_\_\_\_\_ by \_\_\_\_\_