



**Winchester/Frederick County
Regional Hazardous Materials Response Team**

231 East Piccadilly Street, Suite 330
Winchester, Virginia 22601-5039
(540) 662-2298



**Winchester/Frederick County Regional Hazmat Team
Member Emergency Notification Information**

I am interested in serving on the priority list Cert Level: _____

Email Address: _____

Name Birth Date

Address Social Security #

City State Zip

Blood Type: _____ Religion: _____

In Case of Emergency Notify

1. _____
Name Relationship

Address Day Phone #

City State Zip Evening Phone #

2. _____
Name Relationship

Address Day Phone #

City State Zip Evening Phone #

Medical Information

Personal Physician

Day Phone #

Address

24 Hour Service

City State Zip

Medication(s) required _____

Allergies _____

Significant Medical History _____

Authorization for Emergency Medical Treatment

In the event illness or injury results in a level of incapacitation which prevents me from being able to personally authorize needed medical treatment, I hereby authorize and give consent for competent medical technicians, physicians and healthcare organizations to render required medical care and treatment deemed to be necessary and in my best interest.

Signature

Date

Witness

Date