

Certified Teams Responding to Critical Incident Stress Management Needs

Assistance For Stress Reaction From a Traumatic Event or Critical Incident

## **EMERGENCY CONTACT INFORMATION FORM**

Should there be an EMERGENCY where you would need medical or other emergency services, we would appreciate you providing the following information in order that we may provide better assistance to you and your family.

YOUR FULL NAME:		
NAME OF SPOUSE OR SIGNIFICANT OTHER:		
SPOUSE'S PLACE OF EMPLOYMENT:		
EMPLOYMENT ADDRESS:		
WORK PHONE:	CELL PHONE:	_ OTHER:
SECONDARY CONTACT INDIVIDUAL:		
HOME ADDRESS:		_ PHONE:
SECONDARY'S PLACE OF EMPLOYMENT:		
EMPLOYMENT ADDRESS:		
WORK PHONE:	_ CELL PHONE:	OTHER:
YOUR PHYSICIAN:		
ADDRESS AND PHONE NUMBER:		
HOSPITAL PREFERENCE:		

Confidentiality Statement: The above information will be kept in strictest confidence and only used in the event of an emergency requiring us to notify your family or other emergency contacts. This information shall be updated yearly to better assist you

## PLEASE COMPLETE FORM AND E-MAIL TO: <u>maciasg@oakgov.com</u> OR FAX FORM TO G. MACIAS/HOMELAND SECURITY AT <u>248-858-5542</u>

Oakland County Crisis Response Organization

c/o Common Ground 1410 South Telegraph Bloomfield Hills MI 48302 | 24 Hour Resource & Crisis Helpline 800.231.1127