State of California – Department of Fish and Wildlife
EMERGENCY INFORMATION
DFW 253 (REV. 06/07/16)

SAVE PRINT CLEAR EMAIL

The information will be used ONLY in an emergency or as may be required by law under extraordinary circumstances. This form should be completed and returned to your supervisor who will forward one copy for inclusion in your personnel folder. Should any of this information change, please submit a corrected form to your supervisor. It is important that this data be kept current at all times.

PLEASE TYPE OR PRINT

Employee Name (Last) (First) (M.I.)				**Home Phone**	**Cell Phone**
Home Address (Number and Street) (City) (Zip Code)					
Office			**Unit**	**Birth Date**	
PERSON TO NOTIFY IN CASE OF INJURY OR ILLNESS	**Name**			**Relationship**	
	Address			**Home Phone**	
	City	**State**	**Zip**	**Cell Phone/Work Phone**	
ALTERNATE PERSON TO NOTIFY IN CASE OF INJURY OR ILLNESS	**Name**			**Relationship**	
	Address			**Home Phone**	
	City	**State**	**Zip**	**Cell Phone/Work Phone**	

If you have a chronic medical problem, (e.g., heart condition, epilepsy, asthma, allergy, etc.) that could incapacitate you during working hours, you are encouraged to discuss symptoms and emergency treatment with each of your supervisors during your employment with this department.

IN CASE I NEED EMERGENCY MEDICAL TREATMENT, PLEASE NOTIFY THE FOLLOWING DOCTOR:

Name:

Address:

Phone:

IF YOU CARRY HEALTH AND/OR HOSPITAL INSURANCE, PLEASE LIST:

Note: If you do not list a preference for emergency medical treatment, the Physician's exchange will be called if an emergency arises.

Notice:

By completing this form you are telling us who to contact should you suffer an injury or illness while at work. It does not replace or update your CalPERS beneficiary or the person designated to receive warrants forms. Please complete the required forms to update this information.

When requesting an address change; please complete the Employee Action Request (EAR), the Person Authorized to Receive Warrants and a new Emergency Notification form. All of these forms ask for your current address and must be updated with each address change.

SIGNATURE _____ DATE _____