

Emergency Notification Record

Date submitted: _____

**Bureau of Land Management
Personal Emergency Information**

Last name, First name	Home Address	Home Phone

In Case of Emergency, Notify

Name	Relationship	Address	Phone Number

Doctors

Name	Address	Phone Number

Insurance/Hospital Information

Insurance Plan/Enrollment code	Hospital preference

Personal Information

Personal Data	Medications
Blood Type	
Known Allergies	
Medic Alerts	
Additional Data	

This information is being collected pursuant to Title 5 U.S.C. Section 7901, which provides for the establishment of procedures to deal with emergency situations, and will receive confidential security. The information in this record will be used only in an emergency to speed the provision of medical care and/or to notify a relative(s) or other person(s) specified of an accident or injury. The information gathered will be maintained in paper form in a locked file. The resulting record is covered by the Privacy Act System on Administrative Operations Records on Employees, Department System--Interior, Office of the Secretary - 58 (Interior/OS-58) Authority for maintenance of the system: 5 U.S.C. 301, 3101, 5105-5115, 5501-5516, 5701-5709, 31 U.S.C. 66a, 240-243, 40 U.S.C. 483(b), 43 U.S.C. 1467, 44 U.S.C. 3101, Executive Order No. 11807. Intentionally releasing information protected by the Privacy Act is punishable by fines up to \$5,000. This record will not be used for any other purpose. The disclosure of this information is strictly voluntary and there will not be any adverse effects on your employment status if you do not complete this data.

It is your personal responsibility to update data as changes occur.