

IDA COUNTY FIRST RESPONDER/GOVERNMENT EMPLOYEE ID REQUEST FORM

IDs will only be issued to County employees and Fire/Law/EMS/PUBLIC HEALTH personnel

Return this form to Ida County Emergency Services

NAME: _____
DEPARTMENT/AGENCY: _____
Date of Birth: _____
Driver's License Number: _____
Email Address: _____
Cellular Phone: _____

CERTIFICATION(S) – CIRCLE APPLICABLE CERTIFICATIONS:

EMR EMT AEMT PARAMEDIC FF I/II/III ME-I

MEDICAL INFORMATION: *(OPTIONAL – WILL HELP IF YOU ARE INJURED DURING A MCI RESPONSE)*

HEIGHT: _____

WEIGHT: _____

BLOOD TYPE: _____

DR: _____

ALLERGIES: _____

MEDICATIONS: _____

EMERGENCY CONTACT – NAME AND NUMBER: _____

ORGAN DONOR: YES or NO

I understand that this ID card remains property of Ida County. I agree to immediately relinquish this ID card to the above listed department upon termination of my employment or volunteer affiliation with the above agency. Ida County reserves the right to revoke this identification at any time for any reason.

Signature

Date