



Northeast Health District

Office of Emergency Preparedness & Response

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www.PublicHealthAthens.com



Public Health
Prevent. Promote. Protect.

Barrow • Clarke • Elbert • Greene • Jackson • Madison • Morgan • Oconee • Oglethorpe • Walton

EMPLOYEE EMERGENCY NOTIFICATION SYSTEM CONTACT FORM

Please complete the form below in order to register for the Public Health Emergency Notification System. In the event of a public health emergency, you will receive an immediate alert explaining the nature of the emergency and what actions you should take.

All information will be used only for important and official Public Health business and will be kept completely confidential.

Employee Name:		Date:	
Job Title:			
Name of Work Site (e.g., "Clarke County Health Department"):			
Work Site Address:			
Work City, State, and Zip Code:			
Work Site County:			
Work Email Address:			
Secondary Email Address (optional):			
Primary Office Phone (include extensions):			
Secondary Office Phone (include extensions):			
Work Cell Phone:			
Work Fax Number:			
Home Address:			
Home City, State, and Zip Code:			
Home County:			
Home Phone:			
Personal Cell Phone:		Text messages okay?	YES NO

Note: By signing up for the service, I understand that automated phone calls will be utilized and I am giving the Northeast Health District express consent to contact me on any of the devices I am registering. The Northeast Health District will not share or distribute personal information gathered by this form and will use it solely for the purpose of providing emergency notifications. Neither the Northeast Health District nor any of its agencies and affiliates, or their employees, makes any warrant, express or implied, or assumes any legal liability or responsibility for the accuracy, completeness or usefulness of any information provided by submittal of this form.

