DeKalb Health Emergency Notification Information

New Team Member

The information collected by this form is entered into the DeKalb Health Live Process emergency notification system. Live Process is used to notify hospital personnel during an emergency event. This information will not be used for any other purpose.

(Please Print)

Employee Name	
Department	
Position	
Name of Supervisor/Manager	
Email (work)	
Email (other)	

Team Member Signature: _____

Date:_____

Live Process Administrator:

Signature_____

Date Team Member was added to Live Process_____