



Working in Conjunction with
the City of Parma.



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**CERT
Personal Information
CONFIDENTIAL**

Name: _____ **Date:** _____

Address: _____ **Phone:** _____

City: _____ **Ward:** _____

Zip: _____

Home Ph 1: _____ **Work /Cell:** _____

E Mail #1: _____

E Mail#2: _____

CODE RED

Phone#1: _____ **Phone#2:** _____

Emergency Contact Information

Primary

Secondary

Name: _____

Relationship: _____

Phone: _____

Physician: _____ **Phone:** _____

Medical Issues: _____

Parma CERT Mission Statement:

“Beginning with ourselves, we will be prepared to work as an individual or together as emergency response teams, to assist our families, neighbors and community in a time of disaster or need and be prepared to make decisions that benefit the people of the City of Parma.”

Parma Community Emergency Response Team

Parma Fire Department ♦ 6655 Ridge Rd ♦ Parma, Oh 44129

www.parmacert.org 440-465-6559