



9-1-1 FORM

If you have a medical emergency and call 9-1-1, you probably need help fast. Your medical history and the medication information in the box below will help our Firefighter-EMT's if you are not able to provide the information verbally.

9-1-1 Form

Name: _____ Date: _____

Address: _____ City: _____

Birthdate: _____ Phone: _____ DNR Form Yes No

Current Medical History: (Include surgeries, disabilities, etc.)

Prescription and Non-Prescription Medications & Dosages:

Allergies: _____



We suggest you keep a copy where it is readily visible i.e. on your refrigerator. Be sure to update this form whenever there is a change in your health. If you have any questions call Pacific County Fire District #1 at (360) 665-4451

Medical Insurance Company: (Include group or policy numbers)

Personal Physician(s)

Hospital Preferences:

(1) _____ (2) _____

Emergency Contacts:

(1) _____ (Relationship) _____

Address _____

Phone: _____

(2) _____ (Relationship) _____

Address: _____

Phone: _____