



# 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.)

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Prescription and Non-Prescription Medications & Dosages:

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Allergies: \_\_\_\_\_

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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)

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Personal Physician(s)

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Hospital Preferences:

(1) \_\_\_\_\_ (2) \_\_\_\_\_

Emergency Contacts:

(1) \_\_\_\_\_ (Relationship) \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_

(2) \_\_\_\_\_ (Relationship) \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_