



MIAMI TOWNSHIP FIRE AND E.M.S. MEDICAL INFORMATION SHEET



DATE THIS INFORMATION WAS WRITTEN: _____

NAME: _____

BIRTH DATE: _____

DOCTOR: _____

MEDICAL HISTORY: _____

MEDICATIONS

DOSE

MEDICATIONS

DOSE

ALLERGIES: _____

ADDITIONAL INFORMATION: _____

CONTACT PERSON

PHONE

HOSPITAL PREFERENCE: _____

HAVE THIS SHEET HANDY AND GIVE TO EMS (LIFE SQUAD)

IN THE EVENT OF A MEDICAL EMERGENCY

IF MORE SPACE IS NEEDED, PLEASE WRITE ON BACK