



# City Of Fountain Valley Fire Department PARAMEDIC-EMERGENCY INFORMATION SHEET



## PERSONAL INFORMATION

FULL NAME:

ADDRESS:

DATE OF BIRTH:

BLOOD TYPE:

## EMERGENCY CONTACTS

NAME:

RELATIONSHIP:

PHONE NUMBER:

NAME:

RELATIONSHIP:

PHONE NUMBER:

## MEDICAL CONTACTS

PRIMARY DOCTOR NAME:

DOCTORS PHONE NUMBER:

MEDICAL INSURANCE COMPANY/POLICY NUMBER:

MEDICAL HISTORY:

I HAVE A (DNR) DO NOT RESUSCITATE

YES  LOCATON:

NO

## Why Do It?

Medical personnel can make the best decisions regarding emergency treatment when they know a person's medical conditions, medications, or medical allergies. This can mean the difference between life and death in the "Golden Hour" immediately following a medical emergency.

## Keep in Visible Place

Please fill out this Paramedic-Emergency form. Vital information such as your medical history, allergies and medications is crucial to providing care during a medical emergency. **PLEASE KEEP ON FRIDGE OR IN A VISIBLE PLACE and UP TO DATE.**

## CURRENT MEDICATIONS

NOT TAKING ANY MEDICATIONS

Medication	Dose	Times/Day

ALLERGIES: YES  NO

LIST:

**DO NOT MAIL BACK: THIS IS YOUR COPY FOR EMERGENCY PURPOSES**