

POLICE DEPARTMENT MESSAGE

Some of our citizens suffer from chronic illnesses or have other medical needs that may require the assistance of our Police Officers and members of Brevard County's Fire Rescue. Upon the arrival of our first responders, it is important for them to obtain patient medical information to assist them in providing medical aid. For this reason we ask that you take a few minutes to fill out the attached Emergency Medical Information Form. After the form is completed, please post it in an easily observable location, such as on a refrigerator door.

EMERGENCY MEDICAL INFORMATION

Patient's Name: _____ **DOB:** _____

Patient's Telephone Number: _____

**Next of Kin/
Contact Person**

For Emergency: _____ / _____
(Name) (Home Telephone) (Cellular)

Medical Condition (s): _____

**Name of Medication (s) Including
Dosage:** _____

Doctor: _____ **Telephone:** _____