**GIVE TO EMS IN EVENT OF AN EMERGENCY**

**Name:**

**Date of Birth:**

**Emergency Contact:**

**Emergency Contact Phone Number:(\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_**

**Allergies:**

|  |  |
| --- | --- |
| **Medications** | **Diagnosis** |
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**Special Notes:**

Provided courtesy of Collegeville Fire Company No. 1