



EMERGENCY MEDICAL INFORMATION

In the event of an emergency, dial 911

For non-emergencies dial 648-5111 x 0

Please keep this information up to date and in an easy to find location such as on the refrigerator. If you have any questions or need additional copies leave a voicemail at (716) 649-1753 or send an E-Mail to EMS@HamburgFire.com.

Also available at HamburgFire.com under the EMS icon.

Name _____ Date of Birth _____

Emergency Contacts Name, Relationship & Phone Number – Please list at least 2.

Primary Physician & Phone Number _____

Specialist or other Doctors _____

Hospital Preference - _____ (We will make every effort to accommodate your request, but in some critical situations a closer hospital or a hospital with specialized care may be required)

Allergies – Please include what reaction you have - _____

Medications – Include Dose and Frequency of use - _____

Medical History – Include Surgeries and all Dates - _____

Do you have a Health Care Proxy – If so, please attach a copy to this form _____

Do you have a MOLST form or DNR – If so, please attach to this form _____

(If we do not have the original signed form in our hands, we will not be able to honor your wishes)

Date this form was completed _____

List any additional information that you feel may be important in the event of an emergency on the back side of this paper