



# Camano E.M.I

Emergency Medical Information

*Let the E.M.I. speak for you when you aren't able*



## PERSONAL INFORMATION

NAME: \_\_\_\_\_ Sex M/F

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## EMERGENCY CONTACTS

NAME: \_\_\_\_\_ PH: \_\_\_\_\_

NAME: \_\_\_\_\_ PH: \_\_\_\_\_

NAME: \_\_\_\_\_ PH: \_\_\_\_\_

## MD and Hospital Information

Primary Care Physician. \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Hospital of Preference \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Do you have an EMS no CPR, DNR or POLST form? Yes / No

If so where is it located: \_\_\_\_\_

## Pet Information

Type of pet: Cat / Dog / Other: \_\_\_\_\_

Pets Name: \_\_\_\_\_ Treats location: \_\_\_\_\_

Specific Instructions for leaving pet at home: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*KEEP UPDATED\*\*\*\*\*

Last updated on \_\_\_/\_\_\_/\_\_\_

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Medications	Dosage
<u>Medical Conditions</u>	
<u>Allergies to Medicine</u>	
<u>Additional Instructions</u>	

Thank you for helping Camano Island Fire and Rescue as we "Work together to safely protect our community's lives and property." For new forms please contact our Administration office. or visit [www.camanofire.com](http://www.camanofire.com)

\*\*\*\*\*KEEP UPDATED\*\*\*\*\*

Last updated on \_\_\_/\_\_\_/\_\_\_