

Call 911 for Emergencies

Call your local Fire station for routine questions

Glendale Fire Department – Emergency Information Form

Keep this form somewhere easily accessible, such as the side of the refrigerator. Also keep a copy with you when you are away from home.

Name: _____ D.O.B.: _____ Age: _____

Address: _____ City/State/Zip: _____

Phone: (H) _____ (W) _____ (C) _____

Physician: _____ Hospital Preference: _____

Insurance Company: _____ Policy/Group number: _____

Medications with Dosages: _____ Allergies: _____

_____ Comments: _____

Medical History: _____

In Case of Emergency notification:

Name: _____ Phone #'s: _____

Name: _____ Phone #'s: _____

Do you have a “Do Not Resuscitate” or Durable Power of Attorney? If so attach a copy to this form and include instructions on how to obtain the original.

Rescue Workers cannot honor DNR'S or Powers Of Attorney without the originals

Glendale Fire Department 424 N. Sappington Glendale, Missouri (314)965-7097