



WHITING FIRE DEPARTMENT

Dear Residents,

The Whiting Fire Department is providing a **Medical Information Sheet** for our residents. This sheet will assist patients, patient's families, and the Whiting Fire Department if an emergency arises. The primary purpose is to save valuable time, provide accurate information, and address important questions that are necessary and essential to ensure proper care for patients. Once the form is completed, place it in an easily accessible location such as under a magnet on the refrigerator or near your medications. Also inform any family members, care takers, and others where the sheet is located in event the patient is unable to provide this information.

Having a completed form on hand in an emergency situation can greatly benefit you and your family members. Please feel free to contact the Whiting Fire Station at 659-1069 if you have any questions related to this matter.

Thank you,

Whiting Fire Department

WHITING FIRE DEPARTMENT



MEDICAL INFORMATION SHEET

*In case of emergency, place this form so it can be easily accessible.
Extra copies are available at the City of Whiting Fire Department & Website.*

NAME: _____

ADDRESS: _____

DOB: _____ **PHONE #:** _____

EMERGENCY CONTACT & PHONE #: _____

PRIMARY DOCTOR: _____

OTHER DOCTOR: _____

MEDICAL HISTORY: _____

ALLERGIES: _____

MEDICATIONS: _____

OTHER INFORMATION: _____