



LONDONDERRY FIRE DEPARTMENT

SPECIAL MEDICAL INFORMATION FORM

Name (s): _____

Address: _____

Home Phone: _____ Date : _____

Cell Phone: _____ Age: 1-10 _____ 11-20 _____ 21-40 _____ 40+ _____

Emergency Contacts:

Name: _____ Phone #: _____ Relationship _____

Name: _____ Phone #: _____ Relationship _____

Name: _____ Phone #: _____ Relationship _____

Please list any pertinent medical information you want the Fire Department to know about:

Any other information (location of outside key, oxygen storage, pets, etc...):

This information is to be kept by the Londonderry Fire Department for use only in emergency situations or to check on the welfare and safety of the person(s) listed above. As such this information will be confidential.

J:public/Dispatch master/Safe senior information