Herkimer County HealthNet

9-1-1

MEDICAL NEEDS / INFORMATION

PURPOSE: To inform 9-1-1 of my medical needs, disabilities, and other information to help rescuers and dispatchers get me the appropriate help. This information will be available when my phone number dials 9-1-1 for assistance, and in the event of an emergency or disaster, will aid rescuers in prioritizing emergency services.

NAME: TELEPHONE#:
911ADDRESS: TOWN:
MEDICAL CONDITION:
MEDICAL EQUIPMENT NEEDS:
EQUIPMENT THAT IS ELCTRICALLY DEPENDENT:
DO YOU HAVE AN EMERGENCY GENERATOR?
HOW MANY HOURS OF BATTERY LIFE DOES YOUR DEVICE POSSESS?
HOW MANY DAYS OF OXYGEN OR OTHER VITAL SUPPLY DO YOU POSSESS?

THANK YOU FOR MAKING THIS INFORMATION AVAILABLE TO RESCUERS AND EMERGENCY PERSONNEL. I GIVE PERMISSION FOR THIS INFORMATION TO BE POSTED FOR MY NAME, ADDRESS, AND PHONE NUMBER.

SIGNED: DATE:

SEND FORM TO:

OFFICE of EMERGENCY SERVICES
71 RESERVOIR ROAD, HERKIMER, N.Y. 13350
TELEPHONE: 866 - 0974 FAX: 867 – 5873

911 INFO REQUEST FORM APPROVAL PAGE

APPROVAL	DATE	APPROVAL	DATE