



**WEST FALLS FIRE COMPANY
AURORA COLDEN FIRE DISTRICT #6**

PO Box 140
West Falls, New York 14170-0140
Phone 716-652-1353
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www.westfallsfire.com



Emergency Medical Information Form

Help us to help you. Fill out this Emergency Medical Information and post it on your refrigerator in case of an emergency. You can download this form from www.westfallsfire.com anytime to update it.

Name _____ Date _____

Age _____ Date of Birth _____

Primary Physician's Name _____

Medical History (List any Medical Problems that you may currently have or previously had, High Blood Pressure, Diabetes, Surgeries, etc.)

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Allergies (List any allergies that you might have.)

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Current Medications (List any Medications you are currently taking.)

Medication	Dose	Times per day
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____