

Loveland-Symmes Fire Department Pedimed

Emergency Medical And Health Service Division

Name	Township	District	ID#
Address	City	State	Zip
Phone	Sex	DOB	Age

Closest Family / Friend	Doctor
Relationship	Dr. Phone
Phone	Emergency Phone

Medical History Summary

Medications

Allergies

School	1ST Choice	Hospital
Address	2ND Choice	
Comments		

Person Last Contacted By

- Home Visit School Visit Phone Call Answering Machine Relative / Friend

Representative

Date Last Contacted