

9-1-1

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Emergency Telephone System Board

Enhanced 9-1-1 Emergency Service for Franklin County
903 W. Washington St. Suite 3, Benton, IL 62812

RELEASE OF MEDICAL INFORMATION

I, _____, hereby voluntarily agree and consent to the release of the following medical information to the Franklin County 911 system for the purposes of emergency response to me or my family. This information will be stored in the Franklin County 911 database and will be used for emergency purposes only. No unauthorized access will be allowed to the medical information. I understand that I may revoke this release at any time by written notification to the Franklin County Emergency Telephone System Board. I also am taking responsibility for notifying the Franklin County Emergency Telephone System Board if I move from my current address so my medical information can be transferred to a new address.

OXYGEN PRESENT YES NO Please circle one
If yes please describe location in residence

MEDICAL CONDITION:

ADDITIONAL INFORMATION (Drugs, doctors, etc)

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

(Signature)