ALLERGIES

_____
_____
_____
_____
_____
_____

MEDICATIONS (name and dosage) or NONE

_____
_____
_____
_____
_____
_____
_____
_____

SURGERIES

_____
_____
_____
_____

<u>EMERGENCY CONTACTS:</u>
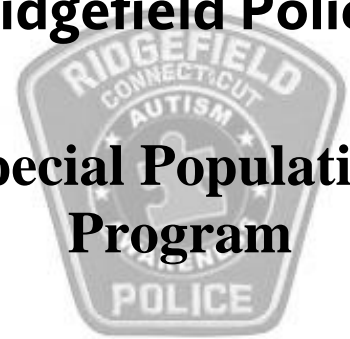
Name _____
Relation _____
1-Phone _____
2-Phone_____
3-Phone_____
Address_____
City _____ State_____ Zip _____

Name _____
Relation _____
1-Phone _____
2-Phone_____
3-Phone_____
Address_____
City _____ State_____ Zip _____

Name _____
Relation _____
1-Phone _____
2-Phone_____
3-Phone_____
Address_____
City _____ State_____ Zip _____

IMPORTANT INFO

_____
_____
_____

Ridgefield Police

Special Population Program

INFORMATION FORM

PHOTO

OF

PARTICIPANT

Name: _____

Answers to: _____

Primary Language: _____

PRIMARY PHYSICIAN INFORMATION
Name _____
Phone_____
Address_____
City _____ State_____ Zip _____

ADDITIONAL PHYSICIAN INFORMATION
Physician _____
Phone_____
Address_____
City _____ State_____ Zip _____

MEDICAL HISTORY
Knowing your history is not only important to the type of care you can receive, but also could explain symptoms that you may be showing.
(check all that apply)
O   No known conditions

O   Autistic
O   Asthma
O   Cancer of _____
O   Seizures
O   Impaired Hearing
O   Impaired Vision
O   Non-Verbal
O   HIV
O   Heart Disease
O   Parkinson's Disease
O   Pacemaker
O   Dementia/Alzheimer
O   Diabetic
O   Blood Clotting Disorder
O   COPD
O   OTHER

Explain_____
_____

Medication Delivery Port_____
Other_____
_____

Special Population Program

This program acts as a facilitator only. All information provided on this form below is your responsibility to update as needed.

Copy this form or download at:

https://www.ridgefieldct.org/police-department/pages/forms-and-permits

PARTICIPANT
Name_____
Address_____
City_____
State_____ Zip _____

Identifies as:
Male / Female /Other

Date of Birth ____ /____ /____

Blood Type ____

MEDICAL INSURANCE?

Medicare / Medicaid / Other

Company name _____
Phone _____
Group number_____

EMERGENCY INFORMATION SYSTEM

This medical form is designed to supply first responders with critical information about you during in an emergency, when you might not be able to communicate yourself.

Participation is voluntarily and authorizes the disclosure to, and use of, your medical information by first responders for the purpose of offering assistance when involved in an incident.

For more information,
call 203-438-6531, or visit

https://www.ridgefieldct.org/police-department/pages/forms-and-permits

Downloadable forms are available.