



Office of Emergency Management

Medical Alert Form

Name of Residence/Business _____

Street Address _____

City _____ Zip Code _____ Phone Number _____

Directions to Residence/Business _____

Provide Special Requirements/Needs/Conditions/Information in space below:

Examples: The need for lifesaving equipment such as oxygen, ventilators, or confinement to a wheelchair/bed; information that could help prevent a response delay such as restricted access, a security gate code, or a private bridge with no weight limit posted; other critical information. *

Note: If a patient weights over 400 pounds, provide such information, as Piedmont Medical Services has one ambulance with the necessary equipment to transport.

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Signature: _____ Date: _____

Please Return Form To: *Office Of Emergency Management
PO Box 11706, Rock Hill SC 29731
Phone: 803-329-7270 Fax: 803-324-7420*

**York County 9-1-1 has the ability to document medical conditions or special needs of individuals in our Computer Automated Dispatch System. Having this information is beneficial to both you and the emergency responder; this includes fire, police, and medical. Thank you!*