York County
south carolina

Department of Public Safety Communications

Medical Alert Form

Name of Residence/Business_____

Street Address_____

City_____ Zip Code _____ Phone Number_____

Please provide special requirements/needs/conditions below:
Examples: Oxygen, ventilators, or confinement to a wheelchair/bed; bariatric concerns or residential access issues that could cause a response delay.

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Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Patient Signature*:* _____

***Date:* _____**

Please Return Form To: ***Department of Public Safety Communications***
PO Box 12430
Rock Hill SC 29731
Phone: 803-329-1110 Fax: 803-328-6225

****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. The information provided will be kept on file for one year. A new form will be mailed annually (January 1st) to verify the continued need for your information to be maintained.***