

MEDICAL ISSUE FOR EMERGENCY PURPOSES

Name: _____

Address: _____

Phone Number

Home _____

Cell _____

Emergency Contact Information

Name & Address _____

Relation _____ Phone # _____

Name & Address _____

Relation _____ Phone # _____

Medical Conditions (Please check all that apply)

___ Wheelchair bound ___ Bedridden ___ Oxygen ___ Dialysis ___ HIV

___ Medical Infusion pumps (including insulin) ___ Weight over 300 lbs (if so ___ lbs)

___ Epi Pen Dependent ___ Hepatitis ___ Hospice Care ___ Hearing Impaired

___ Other please state _____

Emergency Key Location or Lockbox Code _____

Please return to

Tuckerton Police Department

420 East Main Street

Tuckerton, N.J. 08087