

**COSUMNES COMMUNITY SERVICES DISTRICT****FIRE DEPARTMENT**

8820 Elk Grove Blvd. Elk Grove, CA 95624

(916) 405-7100

CosumnesCSD.gov/Fire**Vial of Life Medical Information Form****Personal Information:**

<u>Name</u> (First, Last)						
<u>Medicare or Medi-Cal #</u>						
<u>Phone Number</u>						
<u>Address</u> Street City, State, Zip						
Date of Birth (DOB)	Gender	Height	Weight	Hair Color	Eye Color	Blood Type
Primary Language						
<u>Are there any pets in the home?</u> If YES, please provide number and description.						

Medical History:

Health Insurance Information	Insurance Company & Policy Number
Physician Contact Info	Name, Phone Number, Email Address
Advanced Directive or POLST? Also enclosed?	Yes, No Yes, No
Preferred Hospital	



Current Conditions	
Past Conditions	
Medications	
Allergies	

Emergency Contact Information:

Emergency Contact #1	Emergency Contact #2
<u>Name:</u>	<u>Name:</u>
<u>Phone Number:</u>	<u>Phone Number:</u>
<u>Relationship:</u>	<u>Relationship:</u>
Faith or Religious Community Contact	
<u>Name:</u>	
<u>Phone Number:</u>	Minister/Priest/Rabbi/Imam/OTHER

Additional Comments: