



# Orange Village Fire Department EMS Messages

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) - \_\_\_\_\_

**How can the Fire Department gain access to your home if you are unable to open the door?  
(Hidden keys, neighbor with keys, lock-box codes, garage door key pad etc.):**

**Knox Box Location:** \_\_\_\_\_

**Code:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Neighbor's Name:** \_\_\_\_\_

**Neighbor's Phone:** (    ) - \_\_\_\_\_

**Neighbor's Address:** \_\_\_\_\_

**Neighbor's Alt. Phone:** (    ) - \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Past Medical History: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Phone Number: (    ) - \_\_\_\_\_

Preferred Hospital(s): \_\_\_\_\_

Misc: \_\_\_\_\_

Emergency Contact Persons:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: (    ) - \_\_\_\_\_ Mobile: (    ) - \_\_\_\_\_ Other: (    ) - \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: (    ) - \_\_\_\_\_ Mobile: (    ) - \_\_\_\_\_ Other: (    ) - \_\_\_\_\_

Sent to Chagrin Dispatch