



PICKENS COUNTY E-911 MEDICAL INFORMATION FORM

Name: _____ Phone: _____

Address: _____

Description of Medical Problem or Disability:

Emergency Contact #1: _____

Emergency Contact #2: _____

Emergency Contact #3: _____

Key Location/Gate Code Information:

Additional Information:

I AUTHORIZE THE PICKENS COUNTY E-911 OFFICE TO ADD THE ABOVE INFORMATION TO THEIR CAD SYSTEM TO MAKE IT AVAILABLE TO ANY EMERGENCY UNIT(S) RESPONDING TO 911 CALLS AT THE ABOVE ADDRESS. THIS WILL BE USED AS AN INFORMATION TOOL ONLY AND DOES NOT GUARENTEE RESPONSE TIMES, SERVICES, OR ACCEPTANCE OF LIABILITY BY PICKENS COUNTY OR ITS AGENTS.

I UNDERSTAND I AM RESPONSIBLE FOR UPDATING THIS INFORMATION EVERY SIX MONTHS. IN THE EVENT MY TELEPHONE NUMBER CHANGES OR IF I MOVE, I WILL NOTIFY THE E-911 OFFICE AT 864-898-5958.

Signature: _____ Relationship: _____

Received by: _____ Date: _____