



Dear Resident,

Providing the highest quality of emergency medical assistance is top priority for Central Kitsap Fire & Rescue. This includes not only responding to your calls for help, but also providing you with information that can help to improve the quality of your life, and tools that can help you help us in your time of need.

Each time we respond to a 911 request for medical assistance, it is vital that we access relevant personal medical information to best manage the underlying cause of your need for assistance. The information includes details about your identification, current medications, medical conditions, major operations, allergies, physicians, emergency contacts, and if desired, a POLST (Portable Orders for Life-Sustaining Treatment).

The enclosed Emergency Medical Information Form (EMIF) will provide the first responders with the necessary information to best assist you when you are unable to provide that in an emergency. Once you complete this form, please place it in an obvious location that will be easily seen by first responders. If some of the information on your EMIF changes frequently, you may want to complete these portions in pencil. This will make updating the information easier for you. CKFR CARES team members or other staff at Central Kitsap Fire & Rescue can answer any of your questions about how to fill out the form and can assist with filling it out if needed. Please call (360) 536-6169 to reach the CKFR CARES team.

Central Kitsap Fire & Rescue wants to provide you with the best possible service during an emergency. Here are some things that you can do to help us:

- Fill out the Emergency Medical Information Form with your personal medical information. Use pencil for information that changes frequently.
- Put the completed form in a location that will be easily seen by first responders during a 911 response.
- Talk to your primary care provider (PCP) about a POLST form if desired. The form is voluntary, but you need to get it from your doctor and have them sign it for it to be valid.

We hope that you stay healthy and never need our help. But if you do, the EMIF and the POLST form will help us provide you with the most efficient and highest quality care that we can.



## EMERGENCY MEDICAL INFORMATION FORM

Legal Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex at Birth (circle one) M / F

Preferred Pronouns \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

**Emergency Contacts and Notification Authorization** *Central Kitsap Fire & Rescue and/or CKFR CARES has permission to notify these people of my medical condition, transport destination, and how long I may be gone:*

Name	Relationship	Phone number #
_____	_____	_____

Name	Relationship	Phone number #
_____	_____	_____

### Primary Care Provider(s)

Provider's Name	Clinic's Name	Phone number #
_____	_____	_____

Provider's Name	Clinic's Name	Phone number #
_____	_____	_____

### Relevant Medical History *(Health issues, illnesses, current problems, operations, etc.)*

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**Current Prescribed Medications** *Include dosage and frequency*

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**Allergies to Medications**

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**Please Bring to the Hospital** *(e.g. phone, wallet, medication list, etc.) Your health and safety is the most important to CKFR crews and they may at times need to prioritize getting you to the hospital as safely and quickly as possible.*

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**Is there a POLST form?**

- Yes, where is it located? \_\_\_\_\_
- No

Signature: \_\_\_\_\_

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