## FILE OF LIFE

## **Tremonton City Fire/EMT**95 S. 100 W. Tremonton Utah 84337 - 435-257-9520

Name:		Date:	
Address:		Phone No.:	
Birthdate:	Sex: M F	Blood Type:	
Soc. Sec. No.:	Religion:		
Doctor:		Dr. Phone No.:	
Emer	gency Contac	ets	
Name: Address:		Phone No.: Relation:	
Name: Address:		Phone No.: Relation:	
Insura	ance Informati	ion	
Med. Ins. Co.: Medex No.: Medicaid No.:	Policy No.: Medicare No Other Ins.:	Medicare No.:	
	of Emerg	_	
Medical Conditions:	Pr	escription Medicines:	
Alleren	NAME of the second		
Allergies:	what we n	eed to know in an emergency:	