

Sea Isle City Police Department

Name:	Today's Date:
Address:	Sea Isle City, NJ 08243
Telephone Number:	Date of Birth:
Family Physician:	Telephone Number:
Family Pharmacy:	Telephone Number:

PERSONAL MEDICAL INFORMATION

Please list all prescription medication that you are presently taking:

PLEASE HAVE MEDICINE AVAILABLE FOR EASY ACCESS, (IN CASE OF AN EMERGENCY)

In an emergency situation or fire, will you need assistance to evacuate your dwelling:					NO
ARE YOU:			DO YOU HAVE:		
LIVING ALONE?	YES	NO	HOSPICE CARE:	YES	NO
AMBULATORY?	YES	NO	VISITING NURSE CARE	YES	NO
IN A WHEEL CHAIR?	YES	NO	REGULAR ASSISTANCE:	YES	NO
BEDRIDDEN?	YES	NO	A PET?	YES	NO
			Cat Dog	OTHER	

In the event of an emergency, what is your hospital preference? _____ Cape Regional Medical Center

_____ Cape Regional Medical Cente _____ Shore Memorial Hospital

Thomas McQuilen

Chief of Police

Please list any special medical conditions or personal medical requirements:

Closest Relative to be notified:	and/or	Closest Friend to be notified:.
Name:		
Address:		
City, State, Zip		
Telephone Number:		
Relationship:		