



Barry County Emergency Services

4011 Main Street
PO Box 910
Cassville, MO 65625

417.846.4911
gis@barrycountye911.org
www.barrycountye911.org

9-1-1 Medical Notification Form

The individual being registered must reside in Barry County.

PERSON REGISTERED:

Name: _____

Full Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____

(Recommended) Is a recent photo being provided? Yes No

Approximate Month / Year photo was taken: _____

Is the applicant registered with any other agency? Yes No

(e.g. Alzheimer's Association, MedicAlert, etc.)

Is the applicant a member with any Air Ambulance? Mercy Life Line Air Air Evac

Membership expiration date: _____ Other: _____

CHARACTERISTICS & DISTINGUISHING FEATURES:

Sex: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Race: _____ Identifying Marks: _____

Medical Conditions:

Critical Medications:

CAREGIVER / EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Full Address: _____

Home Phone: _____ Cell Phone: _____

2. SECONDARY

Name: _____ Relationship: _____

Full Address: _____

Home Phone: _____ Cell Phone: _____

Signature of Registrant / or Caregiver: _____ Date: _____

*** Any information given on this form is only used during an actual emergency ***

It is recommended to update this form annually

Mail completed form to: Barry County E911, PO Box 910 Cassville, MO 65625

or deliver in person at 4011 Main St, Cassville