



## Barry County Emergency Services

4011 Main Street  
PO Box 910  
Cassville, MO 65625

417.846.4911  
gis@barrycountye911.gov  
www.barrycountye911.gov

### 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 Meditations:

#### **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*