

TIVERTON FIRE DEPARTMENT RESCUE

REFRIGERATOR CARD

Name: _____

Address: _____

Whom To Contact Name & Phone #:

1. _____

2. _____

3. _____

Doctor's Name : _____

Doctor's Phone : _____

Health Care Plan : _____

Healthcare ID #: _____

Date Card Completed: _____

Telephone: () _____

Allergies to Meds: _____

Date of Birth: _____

Medical History : _____

Baseline Vital Signs SPO² _____

B/P _____ / _____ HR _____ Resp. _____

Over For Medications

Medications

Current Medications

Dosage Strength

How Often Taken

When Taken

[illegible]