

MEDICAL ALERT INFORMATION SHEET FOR 911

Name of Residence: _____

Address: _____

House Description: _____

Brief Medical History: _____

Any Animals: _____

Location of Hidden Key if any (optional): _____

Names of people to contact in case of emergency (key holders):

Name: _____

Phone Number: _____

Alternate Number: _____

Name: _____

Phone Number: _____

Alternate Number: _____

If you have any questions concerning the above information you may contact Reggie Petty at (864) 902-2341

Please fax or mail this form to:

Reggie Petty

Cherokee County E-911

110 Railroad Ave.

Gaffney SC 29340

Fax: (864) 487-2775

*ALL INFORMATION IS CONFIDENTIAL AND ENTERED INTO THE CAD SYSTEM FOR EMERGENCY USE ONLY