



# Medical Alert Information Sheet



Residence Name: \_\_\_\_\_

Address: \_\_\_\_\_

House Description: \_\_\_\_\_

Brief Medical History:

\_\_\_\_\_

\_\_\_\_\_

Any Animals: \_\_\_\_\_ If yes, What kind? \_\_\_\_\_

Alarm Company: \_\_\_\_\_

Location of Hidden Key or Lock Box Code: \_\_\_\_\_

Key Holders

Name: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_ - \_\_\_\_\_

If you have any questions concerning the above, contact Deputy Director, Hailey Sprouse, at (864) 487-2742.

Please email this form to [hailey.sprouse@cherokeecountysc.com](mailto:hailey.sprouse@cherokeecountysc.com) or mail to:

Attention: Hailey Sprouse  
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