

Date

Fire Department/EMS
Address
City, State and Zip Code

Patient: _____
DOB: _____
Parents/Guardian: _____
Address: _____
Phone: _____

The above named patient lives within your emergency response area. (He/she) will be discharged from (the hospital) on (date). The following information is being provided in order to assist you in order to better prepare you the event of a medical emergency. We encourage you to contact the parents in advance of an emergency situation in order to better educate yourselves.

Diagnoses: _____

Equipment: (i.e. ventilator, Trach -size) _____

Current Medications: _____

Please see the additional enclosed documentation regarding this patient that may be helpful to you.

Thank you for your time and attention in this serious matter.
Sincerely,

Physician
(address and phone number if not on letterhead)