

*Pamlico Emmaus Medical Emergency Form*

Name of person being treated: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone home \_\_\_\_\_ Phone cell \_\_\_\_\_

Date of Incident \_\_\_\_\_ PE Walk # \_\_\_\_\_

Explanation of Incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Facility Used: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contacts made after treatment:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name of person completing form: \_\_\_\_\_

Signature: \_\_\_\_\_

Position in which you are serving on this walk: \_\_\_\_\_

*(Completed form should be given to Board Rep)*