



FLORENCE TOWNSHIP FIRE DISTRICT NO. 1

Emergency Medical Services



The mission of the Florence Township Fire Department is to promote, protect, and improve the health, safety, and welfare of the citizens in our community.

Vial of Life

Your Name: (print) _____ Address: _____ City: _____ State: _____ Zip: _____	Date of Birth: _____ Social Security No.: _____ - _____ - _____ Phone No.: (____) _____ - _____
Emer. Contact #1: _____ Address: _____ City: _____ State: _____ Zip: _____	Relationship: _____ Phone No.: (____) _____ - _____ Cell Phone: (____) _____ - _____
Emer. Contact #2: _____ Address: _____ City: _____ State: _____ Zip: _____	Relationship: _____ Phone No.: (____) _____ - _____ Cell Phone: (____) _____ - _____
Hospital Preference: _____ Primary Physician: _____ Phone No.: (____) _____ - _____	
Primary Insurance: _____ Policy No.: _____ _____ Group No.: _____ Secondary Insurance: _____ Policy No.: _____ _____ Group No.: _____	
Medical History: List your major illnesses and surgeries along with the month and year they occurred. _____ _____ _____	
Medications and Dosages: _____ _____ _____ _____	
Allergies to Medications: _____ _____	
Other Pertinent Medical Information: _____ _____ _____	