



Sandy Springs Fire Department

M.E.D.S.

Medical Emergency Data Sheet

Patient Information			
First Name	Last Name	Date of Birth	Gender
Address		City	State and Zip Code
Email		Phone Number	
Known Impairments	Height	Weight	
Medical History			
Medications			
Allergies			
Important Contacts			
Emergency Contact #1	Phone #	Primary Care Doctor	Phone #
Emergency Contact #2	Phone #	Specialist Doctor	Phone #
Primary Hospital Choice	Secondary Hospital Choice	Pharmacy	Phone #
Additional Information			
<input type="checkbox"/> Medical Power of Attorney	<input type="checkbox"/> Legal Power of Attorney	<input type="checkbox"/> Healthcare Proxy	<input type="checkbox"/> Do Not Resuscitate