

**RESCUE REQUEST**

Date of Incident : \_\_\_\_\_

Location of Incident : \_\_\_\_\_  
\_\_\_\_\_

Name of Patient : \_\_\_\_\_

Patient's Address : \_\_\_\_\_  
\_\_\_\_\_

Patient's Phone # : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Social Security # : \_\_\_\_\_

*TO: FIRE RESCUE AND INSPECTION RECORDS STATION, YOU ARE HEREBY AUTHORIZED TO DISCLOSE AND/OR PROVIDE COPIES UPON REQUEST, THE COMPLETE RECORDS ON EMERGENCY CALLS THAT CONTAIN PATIENT EXAMINATION OR TREATMENT INFORMATION ON THE ABOVE-NAMED PATIENT TO MY ATTORNEY'S OFFICE.*

\_\_\_\_\_  
PATIENT, OR IF MINOR, SIGNATURE  
OF PARENT OR LEGAL GUARDIAN

DATE: \_\_\_\_\_

Sworn to and subscribed before me on this \_\_\_\_ day of \_\_\_\_\_, 2017.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires:

