



Auburn Fire/Rescue Department
File of Life Information Sheet

Name: _____ Age: _____

Address: _____ D.O.B _____

Phone: _____

S.S.# _____

Medicare: _____

Medicaid: _____

Medex: _____

Other Insurance: _____ Phone# _____

NEXT OF KIN:

Name: _____

Address: _____

Phone: _____

MEDICATIONS:

Name	Dosage	Frequency

Hospital Choice (Circle One): Saint Vincent's UMASS Memorial Hubbard Harrington

Medical History: _____

Allergies: _____
