

Guernsey County 911 Information Sheet

Name of Patient: _____

Address: _____

Primary Number that would call 911: ____ - ____ - ____

Secondary Number that would call 911: ____ - ____ - ____

Type of Handicap/Disability/Special Needs:

Deaf/ Hearing Impaired - Do you use TDD / TTY to call 911 or do you use a relay service to call 911?

Special Instructions/Information you want 911 and/or responders to know:

List Emergency Contacts:

Phone Number: ____ - ____ - ____

Relationship: _____

Phone Number: ____ - ____ - ____

Relationship: _____

Phone Number: ____ - ____ - ____

Relationship: _____

Signature of Person Filling Out Form _____ Date _____

Return This Form To:

Guernsey County Sheriff's Office

601 Southgate Pkwy

Cambridge Ohio 43725

Attention: Jeff Hannon

Or

Email: J.Hannon@guernseysheriff.com

Office Phone: 740-439-4455 / Office Fax: 740-432-3916

Please call or fax the above numbers with any corrections, deletions or additional information