



**CITY OF BRECKSVILLE**  
Fire Department

**Nearest Relative Contact** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_

**Emergency Contact Person** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_

**Emergency Contact Person that is not living with patient:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

**Release:**

The undersigned acknowledges that the medical information furnished to said fire department was voluntarily submitted.

In consideration whereof, the undersigned hereby releases the City of Brecksville, its officials and employees, from any and all claims and demands, causes of actions, and any damages whatsoever by reason of any consequences or events arising out of, or related to, the medical information thus furnished.

IN WITNESS WHEREOF, the undersigned has hereto set (his) of  
(her) hand, this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_\_.

Print Name of Signature \_\_\_\_\_

Signature \_\_\_\_\_

In the presence of: Witness \_\_\_\_\_  
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