



VILLAGE OF MATTESON
FIRE DEPARTMENT

MEDICAL CAUTIONS FORM

Name _____ Date _____

Address _____ Matteson, IL 60443 Phone _____

- I am totally or partially disabled and will require TOTAL assistance from emergency personnel during emergencies.
- I am on life support equipment that requires electricity to operate. I have backup equipment or battery power for ___ hours.
- I am blind and/or deaf.
- I have a medical condition that requires extraordinary and/or special care by emergency personnel. Please give a brief explanation of the condition:

I certify that this information contained on this form is true and complete to the best of my knowledge. I further acknowledge that I am the person represented on this form or have legal authority to act in their behalf. I will hold harmless the Village of Matteson for any misrepresentation of fact, as stated or implied, provided on this form.

Full Name _____ Date _____

Complete and print this form and mail to:

**Matteson Fire Department
3345 West 211th Street
Matteson, IL 60443
ATTN: Chris Schwalbe**

This information will be used only for the purpose of improving our response to your needs and will not be provided to any other persons or organizations. This information may be revoked by you at any time by notifying (in writing) the Matteson Fire Department.