

## MONITORING DATA SHEET

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Vital Link 063

Acct #
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NAME:		
STREET:		APT:
CITY:	STATE:	ZIP:
PHONE NUMBER: (     )		OFFICE USE ONLY / CIRCLE ONE DIAL UP   DSL   VOIP   CABLE
DIRECTIONS:		NECKLACE   WRIST

**EMERGENCY RESPONSE NUMBERS:**

EMS: (     )
EMS 2: (     )

**CALL EMS/911 FIRST?**

YES	
NO	

CIRCLE K IF RESPONDER HAS KEY	PHONE NUMBER	PHONE NUMBER	
RESPONDER K	(     )	H W C (     )	H W C
RESPONDER K	(     )	H W C (     )	H W C
RESPONDER K	(     )	H W C (     )	H W C
NOTIFY ONLY	(     )	H W C (     )	H W C
NOTIFY ONLY	(     )	H W C (     )	H W C

**MEDICAL INFO**

HOSPITAL:	HOSPITAL:
DOCTOR:	DOCTOR PHONE: (     )
MEDICAL INFO:	
ALLERGIES: (CIRCLE ONE IF APPLICABLE) PNCN / ANTIBIOTICS    SULFA	

**FOR MEDICATIONS - NOTIFY EMS OF VIAL OF LIFE IN REFRIGERATOR**

REMARKS/SPECIAL INSTRUCTIONS/KEY LOCATION:

**PERMISSION IS GIVEN TO ENTER THE HOUSE IF NO KEY IS AVAILABLE**

My signature here gives rescue permission to enter my house if no key is available at the time of the emergency. I also certify that the above monitoring data is correct. I understand, any changes to this data must be made in writing to Bay Area Vital-Link, Inc.

Signature:	Date:
Signature	Date: