



# Barry County Emergency Services

4011 Main Street  
PO Box 910  
Cassville, MO 65625

417.846.4911  
gis@barrycountye911.org  
www.barrycountye911.org

## 9-1-1 Medical Notification Form

The individual being registered must reside in Barry County.

### **PERSON REGISTERED:**

Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

(Recommended) Is a recent photo being provided?  Yes  No

Approximate Month / Year photo was taken: \_\_\_\_\_

Is the applicant registered with any other agency?  Yes  No

(e.g. Alzheimer's Association, MedicAlert, etc.)

Is the applicant a member with any Air Ambulance?  Mercy Life Line Air  Air Evac

Membership expiration date: \_\_\_\_\_  Other: \_\_\_\_\_

### **CHARACTERISTICS & DISTINGUISHING FEATURES:**

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Race: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Critical Medications: \_\_\_\_\_

### **CAREGIVER / EMERGENCY CONTACT INFORMATION:**

#### 1. PRIMARY

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### 2. SECONDARY

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Signature of Registrant / or Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

*\* It is recommended to update this form annually \**

**Mail completed form to: Barry County E911, PO Box 910 Cassville, MO 65625**  
**~ or deliver in person at 4011 Main St, Cassville ~**  
**~ or email to gis@barrycountye911.org ~**