



BASTROP FIRE DEPARTMENT

802 Chestnut Street
Bastrop, Texas 78602
(512) 332-8670
<http://www.cityofbastrop.org>

Medical / Emergency Information

Please Print or Type Clearly.

New Application:

Update Application:

SECTION A: APPLICANT INFORMATION

Last Name		First	Middle
Street Address		Mailing Address	
Apt/Unit #	City	State	ZIP Code
Phone () -		E-mail Address	
Date of Birth	Social Security Number		Blood Type

SECTION B: EMERGENCY CONTACT

Last Name		First	Middle
Street Address		Mailing Address	
Apt/Unit #	City	State	ZIP Code
Phone () -		E-mail Address	

SECTION C: MEDICAL INFORMATION

<i>Drug Allergies / Medic Alerts:</i>
<i>Current Medications:</i>
<i>Existing Medical Conditions:</i>
<i>Primary Physician (Name/Phone/Address):</i>

SECTION D: SIGNATURE

Signature	Date
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