



ENVELOPE OF LIFE

Partners in Safety and Health



Tallmadge, Ohio

Mayor David G. Kline

Dear Resident,

It is not every day that I encourage participation in a program for our City that I hope is never needed, but such is the case with the Envelope of Life. I am proud to announce the City's partnership with Western Reserve Hospital in offering this new program for Tallmadge residents that could save precious seconds in the event of a medical emergency. Our EMS crews are highly trained, but any additional information regarding medical history could help their treatment immensely.

This program will provide Tallmadge residents with a medical information form that can be easily accessed by first responders in the event of an emergency. It will provide vital medical information such as: current medical conditions, medical history, current medications and any known allergies. The form can easily be filled out personally or with your Primary Care Physician.

The complete form is placed in a magnetic envelope that should be located in a place that is easy for attending paramedics and first responders to find (the front of the refrigerator is recommended). This will provide our safety forces with the information they need when caring for you during an emergency.

Remember, the program is only as good as the information on the medical form, so please keep it accurate and current. New forms are available at both Fire Stations, City Hall and Western Reserve Hospital, or they can be printed from our website at www.tallmadge-ohio.org.

Thank you for helping us...help you!

Sincerely,

David G. Kline

Mayor, Tallmadge, Ohio



Medical Information Sheet

David G. Kline, Mayor

First Name/Middle Initial/Last Name						Date Completed	
Street Address/City/State/Zip						Date of Birth	
Telephone Number			Email Address			Male <input type="checkbox"/>	Female <input type="checkbox"/>
Height	Weight	Pacemaker/Defib Model#	Hearing Aid	Deaf	Dentures Upper/Lower	Unable to Speak <input type="checkbox"/>	
Blood Type	Glasses	Contact Lenses	Blind	Artificial Eye	Cataract(s)	Native Language if not English	
Identifying Marks:							
Current Medical Conditions:							
Current Medications - Dosage & Frequency:							
Allergies:							
Doctor(s) Name and Telephone Number							
Last Hospitalization - Hospital Name/City/Year/Patient#							
Special Instructions such as health directives, etc...							
DNR:				Organ Donor:			
Living Will:				Other Issues:			
Emergency Contact Information - Name/Address/Phone/Relationship							

**PLACE ON REFRIGERATOR DOOR
or IN VEHICLE GLOVE BOX**

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David G. Kline, Mayor

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