



POQUOSON FIRE AND RESCUE

830 Poquoson Avenue
Poquoson, VA 23662

PHONE: (757) 868-3510 FAX: (757) 868-3514

REQUEST FOR ACCESS TO PRE-HOSPITAL PATIENT CARE REPORT FROM THE PATIENT

Person Making Request: _____

Address: _____

Phone: _____

Reason for Request: _____

Relationship to Patient: _____

Patient's Name: _____

Description/Date of Incident: _____

Location of Incident: _____

MEDICAL RELEASE STATEMENT

I hereby authorize the City of Poquoson and any other involved fire and rescue organization to release all information to me with reference to Pre-Hospital Patient Care Report # _____ dated _____.

I also hereby release the City of Poquoson and any other involved fire and rescue organizations from any and all responsibility and liability for having disclosed said information to myself with reference to Pre-Hospital Patient Care Report # _____ dated _____.

Signed: _____ DATE: _____

Driver's License Number: _____ PHONE: _____

Witness: _____ DATE: _____

PHONE: _____

(Created 10/01/09)