

MEDICAL ALERT

INSTRUCTIONS:

- (1) PLEASE INCLUDE ALL PERTINENT INFORMATION**
- (2) PLEASE PRINT AND...**
- (3) MAIL TO:**

**VESTAVIA HILLS POLICE DEPARTMENT
513 MONTGOMERY HWY
VESTAVIA HILLS, AL 35216**

- (4) OR E-MAIL AS AN ATTACHMENT TO: police.dept@ci.vestaviahills.al.us**

PREFIX (Mr., Mrs., etc)	FIRST	MIDDLE	LAST NAME
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HOUSE #	STREET	PHONE
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DOCTOR	DOCTOR'S PHONE
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NEXT OF KIN	NEXT OF KIN PHONE
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_____	_____

MEDICAL ALERT(S) FOR THE ABOVE NAMED PERSON:

CONDITION	√	CONDITION	√
AGED		MENTALLY IMPAIRED	
BEDRIDDEN		PHYSICALLY IMPAIRED	
CARDIO-VASCULAR IMPAIRMENTS		SEVERE ALLERGIES (ANAPHYLAXIS)	
DIABETIC		SUICIDAL	
HEARING IMPAIRED		VISION IMPAIRED	
HOSTILE		WHEEL CHAIR DEPENDENT	

OTHER _____

