KEVIN O'CONNOR
Fire Chief

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR
DIVISION OF FIRE

MEDICAL INFORMATION RELEASE AUTHORIZATION

Print Name of Patient: _____

Date of Incident: _____

Incident Location: _____

I, _____ hereby request my EMS Report from the
(Please Print Patient's Name)
Columbus Division of Fire regarding my treatment on _____ be released to:
(date(s) of incident)

_____
(Please print name of designated representative receiving report)

Relationship to patient: _____

Signature of designated representative obtaining report:

_____

Signature of Patient:

_____

STATE OF OHIO
COUNTY OF FRANKLIN, SS:

On this _____ day of _____, 20____,

both of the above named individuals appeared before me and swore that the foregoing is true to the best of his/her knowledge and belief.

(seal)

_____
(Notary Signature)

_____
(Commission Expiration)