

Emergency Information Card

Please mail the below portion to:

Loveland Police Department
810 East 10th Street, Suite 100
Loveland, CO 80537
Attn: Communications

Participant Name: _____ Date of Birth ____/____/____

Participant Address: _____

City: _____ State: _____ Zip Code _____

Medical History: _____

Medications: _____

Allergies: _____

Doctor Name: _____

Other important information: _____

Efforts will be made to not relay this information over the monitored radio frequencies. In some circumstances, this is not possible.

By signing below, I consent to having the above information broadcast to responding agencies over the monitored radio frequencies. Information cannot be relayed over the radio without a signature below. In this case, there is no guarantee the information will be relayed to emergency responders.

Signature: _____ Date: ____/____/____

Below, include information that will aid in gaining access to the residence. For example: location of a spare key; access code to garage door; name, address and phone number of a party with a key.
