



Emergency Treatment Record

White-File Copy, Yellow-EMS Copy

Note: Fill out and keep White copy for your files. Give Yellow copy to EMS.

Person's Name: _____ Date: _____ Time: _____

Allergies: _____

List all medications taken prior to emergency: _____

Time	Blood Pressure	Pulse	Resp	Oxygen Saturation %	Oxygen Flow L/min	Medications Administered	Medication Dosage	Medication Route (IV, IM, PO, SL)

Called 911 EMS at (time): _____

EMS arrived at (time): _____

EMS called by (who): _____

Person taken to what hospital: _____

Condition of person when transported from site: _____

EMS personnel: _____

People present: _____

Signature of person recording events: _____ Phone: _____