Portage County Sheriff's Office - EMS Division

Special Events Unit Patient Contact Log

Version: March 21, 2018

Event:		Date:	
Location:		Start Time:	End Time:
EMT 1:	EMT 2: [ ] Continued on Reverse		

Full Name, Address, and Phone Number	**Signature** - I am not requesting an ambulance or any further care by Portage County Emergency Medical Services. I release them and its member or ganizations from any further responsibility or liability for my care.	**SEU EMT Notes** - Assessment, treatment provided, etc.