

BURNABY FIREFIGHTERS 2009

www.burnabyfirefighters.com



VITAL INFORMATION PROGRAM

SPONSORS: City of Burnaby
Lougheed Town Centre
NewsLeader
Burnaby Fire Department

Your Name: _____

Phone Number: _____

Birth Date (mo/day/year): _____ Sex (M/F): _____

Care Card #: _____

Social Insurance #: _____

IN CASE OF EMERGENCY NOTIFY:

#1 CONTACT

#2 CONTACT

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone Number: _____

Phone Number: _____

PLEASE LIST ALL MEDICATIONS AND ALLERGIES BELOW:

Medications: _____

Allergies: _____

Medical History: _____

Doctor's Name: _____

Phone Number: _____

Call 911 Fire • Police • Ambulance