ST. CHARLES COUNTY
EMERGENCY COMMUNICATIONS

Jeff Smith
Director

Special Needs Notification Form

Current Date

Patient Phone Number

Patient First Name

Patient Last Name

Address (No P/O)

Apt:

City

State

Zip

Special Medical Condition / Need

Special Door Key and Access Information (If Applicable)

Emergency Contact

Emergency Contact Relation

Emergency Contact Number

Submitted By (Name)

Submitted By (Phone)

Save completed form and email to: SCCEC_info@sccmo.org

If you prefer completed form can be printed and mailed to:
Attn. TSS Team
St. Charles County Emergency Communications
1400 T. R. Hughes Blvd
O'Fallon, MO 63366

All information contained herein is to be considered confidential and is for the express use of St. Charles County Fire and Emergency Medical Services (EMS) agencies, and the Department of Emergency Communications.