

Laroue Rose Shatzkin
Town Clerk

Amanda Shafiullah
Deputy Town Clerk



Office of the Town Clerk
1 Heady Street
Cortlandt Manor, NY 10567
914.734.1020

www.townofcortlandt.com/townclerk

SENIOR EMERGENCY MEDICAL ID PROGRAM

| |
|--|
| Full Name: |
| Date of Birth: |
| Medical History: (Ex: Diabetes, Heart surgery, Dementia) |
| Allergies: (Ex: Sulfur, Bee stings, peanuts, Penicillin) |
| Medications: (Ex: Metformin, Insulin, Prinivil – please do not include short-term treatments) |
| Emergency Contact 1: |
| Emergency Contact 2: |

This form is returned to the applicant upon completion of the Medical ID Card and a copy is NOT retained by the Town of Cortlandt. Please do not send this form digitally.

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| Phone Number: |
| Address: |

Hold Harmless Agreement

Medical ID Card

I have received my Medical ID Card and the application on which I provided the data for the card. I acknowledge that I provided the information on the form willingly. I understand the Town of Cortlandt is taking all necessary precautions to protect my data, and I release the Town from all liability with respect to the issuance of this Medical ID Card.

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| Printed Name: | |
| Signature: | Date: |