



LOCKPORT TOWNSHIP FIRE PROTECTION DISTRICT

19623 RENWICK ROAD | LOCKPORT, ILLINOIS 60441

OFFICE 815.838.3287 | FAX 815.838.9141 | WWW.LOCKPORTFIRE.ORG

EMS Division

REQUEST TO RELEASE COPIES OF MEDICAL RECORDS

I, _____ hereby request from the
(printed name)

Lockport Fire Protection District a copy of the EMS Run Report from the file of

(PATIENT NAME PRINTED AND DATE OF SERVICE)

- I am the patient.
- I am the legal guardian of the above named minor patient.
- I have Durable Power of Attorney.

As verified by evidence of: _____

Signature: _____

Address: _____

City: _____ State _____ ZIP _____

Phone: _____

Released by: _____
(For the Lockport Township Fire Protection District)

Date: _____