

Northwest Community EMS System Special Event BLS Patient Log Sheet

Location of event	Date:
Location of care:	Names of EMS personnel providing care (PRINT)

**This form is to be used for those person seeking BLS care that are treated and released.
All persons needing transfer to a Medical Aid Station or receiving ALS care shall have a Special Event Patient Care Report completed.**

Patient information/consent (PLEASE PRINT)		Chief complaint/HPI/PMH/exam findings	Treatment & disposition
Time:	DOB: M / F		
Name/address			
Signature for consent			
Time:	DOB: M / F		
Name/address			
Signature for consent			
Time:	DOB: M / F		
Name/address			
Signature for consent			
Time:	DOB: M / F		
Name/address			
Signature for consent			