



Berkeley Fire Department  
Emergency Medical Services



## **Request for Patient Care Report Parent / Guardian of a Minor Child**

### **INSTRUCTIONS:**

1. **This form is to be used ONLY by the parent / guardian of a minor child.**
2. **ALL** indicated information, documentation, and the required payment must be submitted with this form in order to obtain the record.

Parent / Guardian (person making request for record):

My name is: \_\_\_\_\_

My mailing address is: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

### **Patient Information:**

Patient's Name: \_\_\_\_\_

### **Incident Information:**

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Incident Location (street address, intersection, etc) \_\_\_\_\_

### **REMEMBER TO ENCLOSE THE FOLLOWING:**

\_\_\_\_ Copy of my driver's license or other equivalent photo I.D.

\_\_\_\_ Check or money order in the amount of \$20.00 payable to **'Berkeley Fire Department'**

I affirm that I am the legal parent/legal guardian (circle one) of the named minor patient. I also affirm that my authority to consent to health care for the patient has not been specifically limited by a court order or a valid separation agreement, that I know of no reason why I should not receive a copy of this record, and that the information and documents presented are valid and true.

Signature	Date
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Please send this signed and dated form, a copy of your driver's license or equivalent photo I.D., and your check or money order to:

**Berkeley Fire Department  
Accounting Division  
2100 Martin Luther King, Jr. Way, 2<sup>nd</sup> Floor  
Berkeley, California 94704**

**If you have any questions, please contact the Accounting Division at 510-981-5538.**