

Request for Patient Care Report

Court-Appointed Custodian, Guardian, Representative of a Minor



INSTRUCTIONS:

1. **This form is for use ONLY by a court-appointed custodian, guardian, or representative of a minor.** If this does not apply to you, please return to www.singerly.com/firerecords to find the appropriate information and instructions.
2. **ALL** indicated information, documentation, and the required payment must be submitted with this form in order to obtain the record.

Custodian/Guardian/Representative (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 driver's license or other equivalent photo I.D.
- Copy of the document that designates me as the court-appointed guardian, custodian or representative
- Check of money order in the amount of **\$75.00** payable to "**Singerly Fire Company**"

I affirm that I am the court appointed guardian, custodian, or representative of the named minor patient. I also affirm 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

Please send this signed and dated form, a copy of your driver's license or equivalent photo I.D., your check or money order, and the document naming you as the court-appointed guardian, custodian or representative, to:

Singerly Fire Company
Attention: Assistant Chief for EMS
PO Box 444 Elkton, MD 21922-0444

To allow for processing time, no walk-in requests will be accepted.

If you have any questions, please contact the Assistant Chief for EMS at 410-398-2078 Ext. 248.