

TOLEDO FIRE AND RESCUE DEPARTMENT

Children Services Referral

Patient Name _____ Age _____

Parent or Guardian _____

Address _____

Phone # _____ Social Security # _____

Toledo Fire and Rescue company making referral _____

Officer _____ Date of Run _____ Inc# _____

Reason for referral (including type of injury or reason for concern)

Contact Names and Phone #'s (relatives and neighbors)

1. _____ Phone # _____

2. _____ Phone # _____

Family Doctor and Phone # _____

Agencies already involved (ex: social services, adult protection and visiting nurses.)

Other pertinent information including poor and/or unsafe living conditions.

FAX TO: CSP 419-327-3719 AND 419-244-4760 AND EMS 419-936-2917

IF AN EMERGENCY, CALL TPD TO RESPOND AND CSP @ 419-213-2273

TFRD EMS 600-17