

Ambulance Call Record Request

Halton Region Paramedic Services
1179 Bronte Rd.
Oakville, ON L6M 4G3
Attn: Operations

Date: _____

Re: Ambulance Call Record Request

I, _____, would like to request a copy of an Ambulance Call Record on behalf of _____.

I am entitled to receive this information because:

- I am the parent or guardian of the patient who is a child under 16 – copy of ID enclosed.
- I am the patient’s Power of Attorney for Person Care or Guardian – copy enclosed.
- I am the executor of the patient’s estate – copy of Will enclosed.
- I am assuming responsibility for the administration of the patient’s estate – notarized letter enclosed.

The details of the call are as follows:

Patient Name: _____
Date of Birth: _____
Location of Ambulance Call: _____
Date of Ambulance Call: _____
Time of Ambulance Call: _____
Transported to Hospital? Yes _____ No _____
If Yes, which hospital _____
Additional Details: _____

I have enclosed a cheque in the amount of \$77.00, payable to Halton Region.

- Please contact me to pick up the Record in person.
My daytime telephone number is _____
- Please courier the Record to me. I have enclosed a copy of my photo I.D.
My address is: _____

Sincerely,

Signature

Print Name