

McHenry / Western Lake County EMS Weapon Custody Form

DOCUMENTATION OF WEAPON(S)

List each weapon by type and description:

Patient / Passenger Name:

Date of Birth:

Driver's License / State I.D. Issuing State:

License / ID number:

CCW Permit Number:

Expiration Date:

WEAPON(S) SECURED BY EMS

Patient / Passenger Signature of Release to Secure Weapon:

Signature

Secured by:

Name and Agency

Signature

on

Date

DELIVERY OF WEAPON(S) TO HOSPITAL SECURITY

Received by:

Name and Agency

Signature

on

Date

(if unable to transfer custody to receiving hospital): DELIVERY OF WEAPON(S) FROM EMS TO POLICE

Received by:

Name and Agency

Signature

on

Date

NOTES