Coffey County Hospital
A division of Coffey Health System
801 N. 4th St.
Burlington, KS 66839

Response Now Activation Form

User Information

First Name_____ Phone Number _____Land Line Y__ No__

Last Name_____ Cell Phone number _____

_____ Male _____Female Email _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth _____

Allergies _____

_____

Medical Condition _____

Preferred Hospital _____

Emergency Contact Information

First Name_____ Phone Number _____Land Line Y__ No__

Last Name_____ Email _____

First Name_____ Phone Number _____Land Line Y__ No__

Last Name_____ Email _____

First Name_____ Phone Number _____Land Line Y__ No__

Last Name_____ Email _____

*By signing below you agree and understand that the device location may be tracked by GPS or other location service. You also agree to pay the monthly rate of $_____ that will be automatically drafted by Coffey County Hospital on the 10th of every month.

X _____

Signature

Office Use Only:

Device MEID _____

Date of Activation _____ Initials ____

Auto Draft form completed ___Y ___N