Early Bird Award
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES

INSTRUCTIONS: Type or print clearly. Please complete all areas of information for those who were directly involved. Return one completed copy to: ND Department of Health, Division of Emergency Medical Services, 600 E Boulevard Ave. Dept. 301, Bismarck, ND 58505 – 0200.
Telephone (701) 328 - 2388 / Fax (701) 328-1890

Name of Provider(s): Level of Certification

_____ _____

_____ _____

_____ _____

EMS Affiliation (Service)_____

Where Pre-Hospital Delivery took place: (Ambulance, Residence, etc.)_
_____

Date_____Time_____

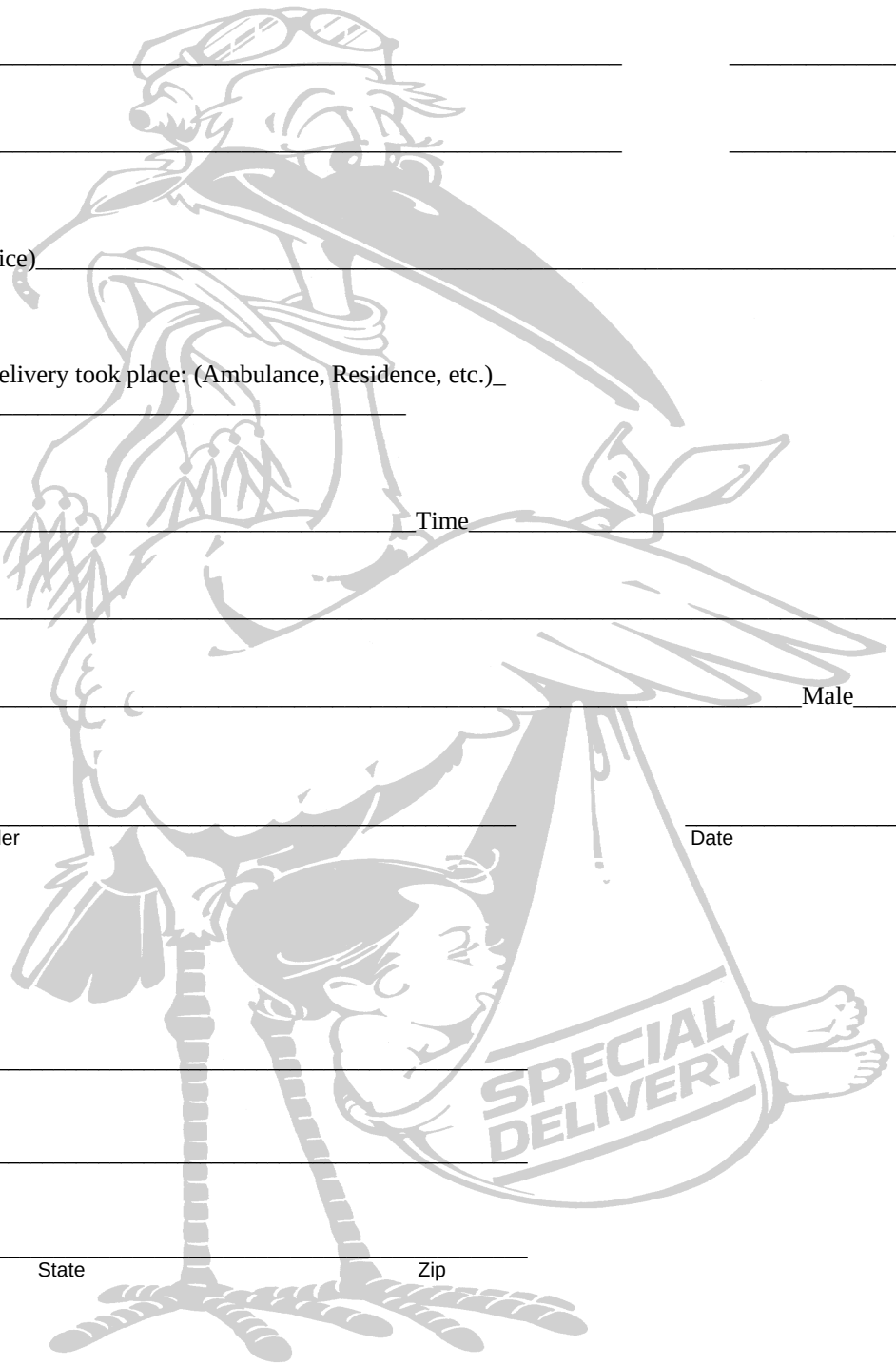
Parent(s) Name: _____

Newborn's Name: _____Male_____Female_____

_____ _____
Signature of Squad Leader Date

Send Award to:

_____
Name of Service

_____
Address

_____
City State Zip