



COUNTY OF SAN DIEGO
EMERGENCY MEDICAL SERVICES

PEDIATRIC TREATMENT PROTOCOL

S-166A

OUT OF HOSPITAL BIRTH REPORT

Date: 7/1/2024

Page 1 of 2

Out of Hospital Birth Report

Name of Mother		
Date and Time of Delivery		Address of Delivery
<u>Date:</u>	<u>Street:</u>	
<u>Time:</u>	<u>City:</u>	
Name		*If person who cut the umbilical cord/delivered placenta is an EMT or Paramedic fill out below info:
<u>Person who cut umbilical cord*:</u>		<u>Certification/ License #:</u>
<u>First Name:</u>		<u>Agency:</u>
<u>Last Name:</u>		<u>Agency Phone #:</u>
		<u>Signature:</u>
<u>Person who delivered placenta (if delivered)*:</u>		<u>Certification/ License #:</u>
<u>First Name:</u>		<u>Agency:</u>
<u>Last Name:</u>		<u>Agency Phone #:</u>
		<u>Signature:</u>
Weight and Apgar Scores (if taken)		CAD Incident #:
<u>Weight:</u>	<u>APGAR Score:</u>	

KEEP THIS FORM – It will be required when you visit the Office of Vital Records.

Failure to register a child’s birth in a timely manner could prohibit parents from obtaining a social security card, passport, medical insurance, and cash aid.

For more information on required documents and fees, search “out of hospital births” on the County web site: www.sandiegocounty.gov

Por Favor de mantener esta forma - Esta requerida cuando llegue a su visita con la Oficina de Vital Records.

Fracaso de no registrar el nacimiento de su niño a tiempo, se podrá prohibir de obtener el número del seguro social, pasaporté, seguro medica, y ayuda financiera.

**Para información sobre documentos requeridos y el costo, por favor buscar, solo en inglés, “out of hospital births” en el sitio del Condado:
www.sandiegocounty.gov**



**County of San Diego
Health and Human Services Agency
Office of Vital Records
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San Diego, CA 92123
619-692-5733**