

Emergency Medical Information

Name _____

Date of birth _____ Age _____ Minor Sex _____

Address _____ Phone _____

Complete form for each member of your household and place a printed copy on refrigerator. Keep up to date and add pages as necessary.

Medical Conditions & Current Mediations No known medical condition
 Blood Thinners Bleeding Condition Asthma COPD Hypertension CHF Pacemaker/Defib
 Diabetes Seizures Stroke Neurological Alzheimer's Dementia Memory Cancer

Allergies No known allergies
 List all allergies to medications, latex, stings, environmental, or other.

Emergency Contact 1 Legal Guardian / Medical Proxy
 Full legal name _____
 Address _____
 Phone _____ Relationship _____

Emergency Contact 2 Legal Guardian / Medical Proxy
 Full legal name _____
 Address _____
 Phone _____ Relationship _____

Medical Insurance
 Company 1 _____ Policy # _____
 Company 2 _____ Policy # _____
 Medicare # _____ Medicaid # _____