

Emergency Medical Information

This information will assist 911 Responders to give you prompt & efficient treatment in the event of an emergency.
Please complete one form for each person in your household and please print clearly.

Name _____ Phone# _____ Date of Birth _____

Address _____ Spc# _____ City, St, Zip _____

Doctor's Name _____ Phone# _____

Address _____ City, St, Zip _____

Medications:

Prescription: *{i.e. Plavix (Clopidigrel) 75mg once daily}*

Over-the-Counter: *{i.e. Aspirin 81mg once daily}*

Diabetic? YES _____ NO _____

On Oxygen? YES _____ NO _____

Pacemaker? YES _____ NO _____

Normal BP*: _____ / _____

Allergies:

{Medical: i.e. Sulfa drugs, penicillin, codeine}

Medical History:

{i.e. Cardiac history, Chronic illness, Surgeries, etc.}

(Continued on back)

(Medical history continued)

Emergency Contact

(Please note with asterisk if person shares your residence)

Name _____ Relation _____

Phone# _____ Additional Phone# _____

Name _____ Relation _____

Phone# _____ Additional Phone# _____

Instructions

- Complete one form for each person in your household, please print clearly
- Keep form as current as possible with updated medication and medical history information*
- Have multiple current copies on hand in your home in a secure location*
- Have 1-3 copies in a clearly marked envelope (“Emergency Medical Information”) in plain sight, on your refrigerator or the back of your front door.
- Visit <http://www.medids.com/free-id.php> to create a FREE wallet size medical information card to carry in your wallet or purse at all times*

**Come by station 71 any day between the hours of 8am and 4pm to receive assistance with any part of this form. We're happy to assist you in keeping your information as current as possible and available in the event of an emergency.*

