

EMERGENCY MEDICAL INFORMATION
to hand to FIRST RESPONDERS

(Make two copies and hang them on the refrigerator - so in an emergency you can give one to medical personnel and keep one for your records!)

Your Name: _____

Address/Apartment Number: _____

Date of Birth: _____

Allergies: _____

Medication List: NAMES of the medication ONLY. Do NOT list dosage!

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Recent Medical History/Conditions/Surgeries and Approximate Dates:

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****Can write more on the back if needed - but keep it simple and easy to read!****

Emergency Contact and Phone: _____

Date: _____