Print Form

Emergency Medical & Contact Form

NAME Your Name Here

Permanent Address Home Address Here

Current Address Temporary Address Like School/Work Address Here If Applicable

DOB – mm/dd/yy 01/23/54 **Blood Type** O- Pos **Date Filed** Date Today

Home Phone area code + phone number **Cell Phone#** area code + phone number

Emergency Contact Info - Name/Address/Relationship (Family / Employer / School / Health Proxy)

Contact #01 Robert Smith / Father Phone #01 area code + phone number

Address #01 123 Any Street, Chicago Phone #01 area code + phone number

Contact #02 Phone #02

Address #02 Phone #02

Contact #03 Phone #03

Address #03 Phone #03

Medical Conditions

List pertinent medical conditions that paramedics and emergency room personnel would need to know about in the event of an emergency and they need to render care for as well or consider as the possible cause of your emergency. Keep the info succinct and short as possible without abbreviations so other non medical people can understand also.

Current Medications & Dosage

Type and Daily Dosage of the Medicines You Take on daily basis or as needed and that might be available on your person. Label any that are critical to your survival as CRITICAL MEDICATION.

Known Allergies

Allergy can be to medicine/food or other items (like bee stings, animals/chemicals) that can cause illness or death if exposed to or if administered as a part of your treatment in an emergency. This also could be the cause of your medical emergency as well.

Special Instructions & Treatment Preferences

Similar to an advance directive notice - hospital preference - religious notifications - DNR information locations - Do's and Don't

Insurance Carrier Info ID#

current medical insurance policy information here along with contact number for the insurance company.

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