Post this card on your refrigerator. Put in envelope and label – "EMERGENCY CONTACT AND MEDICAL INFO"

HOUSEHOLD INFORMATION

Name(s):			
Address:	Apt.#		
Home Phone:	Work Phone:		
Cell Phones:			
Pharmacy:	Phone:		
Religion:	Church:		
Hospital:			
CONTACT IN CASE OF AN EM	ERGENCY (outside of household)		
Name:	Phone:		
Relationship:	Cell:		
Address:			
Name:	Phone:		
Relationship:	Cell:		
Address:			
MEDICAL INSURAN	ICE INFORMATION		
Company:	Policy#		
Company:	Policy#		
Medicaid#	Medicare#		
LEGAL DOCU	JMENTATION		
For:	Contact and/or Location		
Health care proxy? Yes \square No \square			
Living Will? Yes□ No□			
EMS-No CPR Directive or DNR			
Form? Yes No			
OTHER USEFUL	INFORMATION:		

MEDICAL INFO: Last updated: __/_/___ USE PENCIL - Review and update medical data every 6 months

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Name				
DOB				
Doctor				
Phone				
Medical Conditions				
Allergies				
Anergies (include drugs, insects, latex, airborne)				
Recent Surgeries (include date)				
Medication Dose/freq				