

Emergency Information

One page. Fill it in now, so someone else can act later.

FULL LEGAL NAME

DATE OF BIRTH

BLOOD TYPE (IF KNOWN)

KNOWN ALLERGIES — DRUG, FOOD, OTHER

CURRENT DIAGNOSES

MEDICATIONS NOT TO MISS — NAME, DOSE, TIMING

PACEMAKER / IMPLANT / MEDICAL DEVICE

RESUSCITATION STATUS ON FILE

EMERGENCY CONTACT 1 — NAME, RELATIONSHIP, PHONE

EMERGENCY CONTACT 2 — NAME, RELATIONSHIP, PHONE

PRIMARY DOCTOR — NAME AND PHONE

PREFERRED HOSPITAL

PHARMACY — NAME AND PHONE

Keep this where it can be found quickly — on the fridge, or the front of a care binder. Review it after every hospital visit or medication change.

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