

CUT ALONG OUTER DOTTED LINE



Emergency Medical Information & Contact Card

[Blank input boxes for name and date of birth]

FIRST & LAST NAME

DATE OF BIRTH

FOLD

FOLD

PREFERRED EMERGENCY DEPARTMENT

FACILITY NAME

STREET ADDRESS CITY

EMERGENCY CONTACTS

NAME PHONE

NAME PHONE

FOLD

FOLD

PRIMARY DOCTOR

NAME PHONE

MEDICAL CONDITIONS

[Four horizontal lines for medical conditions]

FOLD

FOLD

MEDICAL CONDITIONS (CONTINUED)

[Two horizontal lines for medical conditions]

MEDICATION NAMES & DOSAGE

[Three horizontal lines for medication names and dosage]

FOLD

FOLD

MEDICATION NAMES & DOSAGE (CONTINUED)

[Four horizontal lines for medication names and dosage]



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