

Emergency Information

Keep this where it can be found fast: the fridge, a wallet, or the glove compartment.

Full name: _____ Date of birth: _____

Blood type: _____

ALLERGIES

Medication, food, or other. Note the reaction.

Who to call

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Preferred hospital

Hospital: _____ Phone: _____

Address: _____

Preferred pharmacy

Pharmacy: _____ Phone: _____

Address: _____

Insurance

Provider: _____

Policy #: _____ Group #: _____

Claims phone: _____ Member name: _____