

EMERGENCY INFORMATION

It is important to complete this form, place in advised location and update information every 6 months.

In a medical emergency, paramedics look at the patient's refrigerator door or bathroom medical cabinet (mirror if no medical cabinet) to locate an envelope labeled "**EMERGENCY MEDICAL INFORMATION**". If you are unable to verbally respond, this information could be vital in saving your life!

Date: _____

NAME	ADDRESS
BIRTH DATE	RELIGION

1. _____ MEDICAL INSURANCE	_____ POLICY NUMBER	_____ HOSPITAL PREFERENCE
2. _____ MEDICAL INSURANCE	_____ POLICY NUMBER	_____ MORTUARY PREFERENCE

_____ PHARMACY	_____ PHONE #	_____ DOCTOR'S NAME	_____ DOCTOR'S PHONE #
_____	_____	_____	_____

Medical Information:

MEDICAL PROBLEM	MEDICATION & DOSE	MEDICATION & DOSE
Allergies:		

In case of emergency, call:

Name: _____, Relationship: _____

Phone Number: _____, City: _____ and State: _____