

Emergency Information

Call 911

Keep this by the phone or on the refrigerator. Update it when anything changes.

Name _____

Date of birth _____ Phone _____

Address _____

My medicines	How much	When I take it

Allergies _____

Health conditions _____

My doctors and pharmacy	Phone

Who to call	Relationship	Phone

My insurance cards are _____

My advance directive and other papers are _____

First responders should also know _____

Filled in on (date) _____

This sheet does not replace any legal or medical document.

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More Medicines

Use this extra page if you take more than five medicines. Keep it with the sheet.

Medicine	How much	When I take it

Other doctors	Phone