My Emergency Card

Cut along dotted lines. Fold card in half and paste with a glue stick (Fold 1). Fold in half again to make your own personal wallet card (Fold 2).

Emergency Numbers

Family Doctor: _____

Phone: _____

Local Clinic/Hospital: _____

Phone: _____

Fire Department: _____

Local Police Department: _____

Front

My Emergency Card

Name: _____

Date of Birth: _____ Home Phone: _____

Emergency Contacts:

Name	Relationship	Phone

(FOLD 2)

(FOLD 1)

Do you have any of the following conditions?

Heart disease _____ ☐ Yes ☐ No

Previous heart attack_____ ☐ Yes ☐ No

High Blood Pressure _____ ☐ Yes ☐ No

High Blood Cholesterol _____ ☐ Yes ☐ No

Diabetes _____ ☐ Yes ☐ No

Other _____

List current medications, known allergies, and any other information.

Current medications: _____

Known allergies: _____

Other information: _____

Back