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).

(Fold 2)

My Emergency Card

Name: _____

Date of Birth: _____ Home Phone: _____

Emergency Contacts:

Name	Relationship	Phone

Emergency Numbers

Family Doctor: _____

Phone: _____

Local Clinic/Hospital: _____

Phone: _____

Fire Department: _____

Local Police Department: _____

Do you have any of the following conditions?

Heart Disease _____ ❑ Yes ❑ No

Previous Heart Attack _____ ❑ Yes ❑ No

High Blood Pressure _____ ❑ Yes ❑ No

Diabetes _____ ❑ Yes ❑ No

Other _____

_____

_____

_____

_____

Current Medications: _____

_____

Known Allergies: _____

_____

Other Information: _____

_____

_____

_____

_____

(Fold 1)