EMERGENCY REFERENCE INFORMATION

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| --- | --- | --- | --- | --- | --- |
| Emergency Reference Card for Individuals with Medical Needs Living at Home & Their Caregivers | | | | | |
| Name: | | | DOB: | Blood Type: | |
| Street Address: | | City: | | State: | Zip Code: |
|  | | | | | |
| Personal medical information that emergency responders need to know: | | | | | |
| Allergies I have: | | | | | |
| Medications I take: | | | | | |
|  | | | | | |
| Prescription Name: | | Dosage (for example, 50 mg) | | Frequency (for example, twice per day) | |
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|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |
| Vaccination Type: | | Dose/Units: | | Date Given (month/year) | |
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|  | |  | |  | |
| Special needs (e.g., eye glasses, hearing aids, mobility assistive devices, language translation needs, etc.): | | | | | |
|  | | | | | |
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| Emergency Phone Numbers (if not 911) | | | | | |
| Local Dept: | Phone # | Emergency Contacts / Name | | | Phone # |
| Ambulance |  | Home Health Agency |  | |  |
| Fire |  | Doctor |  | |  |
| Police |  | Doctor |  | |  |
| County Health |  | Clinic/Facility |  | |  |
| Emergency Mgmt |  | Pharmacist |  | |  |
| Local Red Cross |  | Dentist |  | |  |
| Local Shelters |  | Veterinarian |  | |  |
| Family and Friends - Emergency Contacts | | | | | |
|  | Name | Phone |  | Name | Phone |
| Family Member |  | Home: Work: Cell: | Friend/Neighbor |  | Home: Work: Cell: |
| Family Member |  | Home: Work: Cell: | Friend/Neighbor |  | Home: Work: Cell: |
| Family Member |  | Home: Work: Cell: | Friend/Neighbor |  | Home: Work: Cell: |
| Family Member |  | Home: Work: Cell: | Friend/Neighbor |  | Home: Work: Cell: |
| Family Member |  | Home: Work: Cell: | Friend/Neighbor |  | Home: Work: Cell: |