EMERGENCY REFERENCE INFORMATION

|  |
| --- |
| 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) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Vaccination Type: | Dose/Units: | Date Given (month/year) |
|  |  |  |
|  |  |  |
|  |  |  |
| Special needs (e.g., eye glasses, hearing aids, mobility assistive devices, language translation needs, etc.): |
|  |
|  |
| 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: |