

# Emergency Medical Data

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First			Initial			Last			Home Phone		Mobile Phone	
Street					City			State		Zip		
DOB		Male/Female	Weight	Height	Ethnic	Hair Color	Eye Color	Blood Type		Religion		
Hearing Impaired		Visually Impaired		Speech Impaired		Mobility Impaired		Dentures		Primary Language		
No-CPR/DNR		Healthcare POA		Living Will		Location of Forms			Hospital Choice			
Emergency Contact			Phone			Address				Relationship		
Doctor			Phone			Address				Specialty		
Doctor			Phone			Address				Specialty		
Doctor			Phone			Address				Specialty		
Allergies												
Medication			Dosage			Frequency						
Medication			Dosage			Frequency						
Medication			Dosage			Frequency						
Medication			Dosage			Frequency						
Medication			Dosage			Frequency						
Surgeries												
Injuries												
Health Conditions												
Implants												
Vaccinations												
Healthcare Insurance												
Parent or legal guardian:								Form updated on:				