

Emergency Medical Data

Instructions

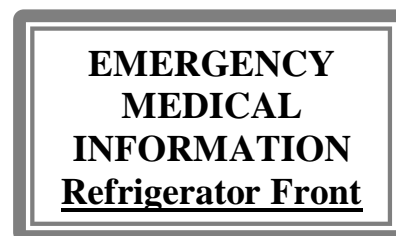
Download the pdf file to a folder of your choice.

Right Mouse

- Chrome: Save Link As
- Netscape: Save to Disk
- Firefox: Save Link As
- IE: Save Target As
- Safari : Download Linked File



1. Caution, do not save the EMD sheet from your internet browser, it may not save correctly. Instead, save using your PDF reader.
2. Complete a form for every family member and save it for reference and changes.
3. Print a sufficient number of copies for your selected locations.
4. Update anytime important information has changed.
5. The EMD may contain sensitive information about a patient. To restrict visibility and provide privacy, fold the EMD in half and stop at the “fold-line”.
6. Place the EMD on the outside of your refrigerator using a refrigerator magnet. A magnet will not work on stainless steel. As alternate; insert the EMD in a sealed plastic bag and place on the top shelf inside the refrigerator. Consider including your Health Care Power of Attorney and the No-CPR or DNR (Do Not Resuscitate) form if you have one. The refrigerator is a known location in most homes and easy to locate. Ask your local Fire/EMS for their preferred location.
7. Place a copy of the EMD over the driver-side visor in each vehicle you own or in the glove compartment. Responders may look for this in a vehicle accident.
8. Carry a copy in your purse, wallet, backpack, laptop bag, briefcase, suitcase, travel bag, etc.
9. Consider other locations where you might be without the EMD.
10. Tell friends you have this EMD form and their locations.
11. Have copies of your Health Care Power of Attorney and the No-CPR or DNR (Do not resuscitate) form in the same location as your EMD. Responders will not know you have these forms if you do not list them here and make them readily available.
12. Consider adding a note to your front door window announcing the MDS is on/in the refrigerator.
13. Visit www.911ready.org for additional suggestions.



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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:				

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