EMERGENCY MEDI	EMERGENCY MEDICAL INFORMATION CARD						
Date form updated: Month	:	Year:	Date form updated:	Month:	Y	ear:	
Name: Phone:		Name:		Phone:			
Address:			Address:				
Date of Birth:	Blood 7	ype:	Date of Birth:		Blood Typ	be:	
Parent/Legal Guardian:							
Do Not Resuscitate Form is attached, or located at:			Do Not Resuscitate Form is attached, or located at:				
EMERGE	EMERGENCY CONTACTS						
Name:Home Phone:			Name:	Name:Home Phone:			
	Cell Phone:Work Phone:				Work Phone:		
Address:							
Name:Home Phone:			Name:	Home	Home Phone:		
Cell Phone:							
Address:							
MEDICA	MEDICAL CONDITIONS						
1			1				
2							
3			3				
4	4						
Allergies:	Allergies:						
Primary Physician:			Primary Physician:Fax:				
Specialty Physician:							
Phone:Fax:			Phone:Fax:				
Hospital Preference:	Hospital Preference:						
Other Infor	mation/Remar	ks	Other	r Informatio	n/Remar	ks	
Current Medications	Dosage	Frequency	Current Medications		Dosage	Frequency	
		+				+	
Pharmacy:Phone:			Pharmacy:		_Phone:		
Primary Language:			Primary Language:				