

Attention: Police & Medics



Wallet  
EMERGENCY MEDICAL RECORD  
Compliments of:



NAME

ADDRESS

CITY STATE ZIP

PHONE (INCLUDE AREA CODE)

BIRTH DATE BLOOD TYPE

SSN RELIGION

IN EMERGENCY - PLEASE NOTIFY

NAME

ADDRESS

CITY STATE ZIP

PHONE (INCLUDE AREA CODE)

LIVING WILL?  YES  NO DNR?  YES  NO  
DURABLE POWER OF ATTORNEY FOR HEALTH CARE?  YES  NO  
ORGAN DONOR?  YES  NO

ALLERGIES (PENICILLIN, SULFA, ETC)

MEDICAL CONDITIONS (HEART, DIABETES, ETC.)

CURRENT MEDICATIONS AND DOSAGES

HEALTH INSURANCE INFORMATION

NAME

POLICY NUMBER

MY PHYSICIAN

NAME

Attention: Police & Medics



Wallet  
EMERGENCY MEDICAL RECORD  
Compliments of:



NAME

ADDRESS

CITY STATE ZIP

PHONE (INCLUDE AREA CODE)

BIRTH DATE BLOOD TYPE

SSN RELIGION

IN EMERGENCY - PLEASE NOTIFY

NAME

ADDRESS

CITY STATE ZIP

PHONE (INCLUDE AREA CODE)

LIVING WILL?  YES  NO DNR?  YES  NO  
DURABLE POWER OF ATTORNEY FOR HEALTH CARE?  YES  NO  
ORGAN DONOR?  YES  NO

ALLERGIES (PENICILLIN, SULFA, ETC)

MEDICAL CONDITIONS (HEART, DIABETES, ETC.)

CURRENT MEDICATIONS AND DOSAGES

HEALTH INSURANCE INFORMATION

NAME

POLICY NUMBER

MY PHYSICIAN

NAME