HOUSEHOLD EMERGENCY MEDICAL INFORMATION

Last Updated: _____

PRIMARY RESIDENT INFORMATION

FULL NAME

DATE OF BIRTH

BLOOD TYPE

SOCIAL SECURITY / ID (OPTIONAL)

MEDICAL CONDITIONS & ALLERGIES

CHRONIC CONDITIONS	ALLERGIES (DRUG, FOOD, ENVIR.)

CURRENT MEDICATIONS

MEDICATION NAME	DOSAGE	FREQUENCY / TIME

MEDICAL CONTACTS

PRIMARY CARE PHYSICIAN

PHONE NUMBER

PREFERRED HOSPITAL

INSURANCE PROVIDER & POLICY #

EMERGENCY CONTACTS

CONTACT 1: NAME & RELATION

PHONE NUMBER(S)

CONTACT 2: NAME & RELATION

PHONE NUMBER(S)

OTHER IMPORTANT NOTES (e.g., Pacemaker, Organ Donor, Religion restrictions)