



### EMERGENCY MEDICAL INFORMATION

(1/14/2005)

Date completed \_\_\_\_\_ Completed by \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Hospital \_\_\_\_\_

Emergency contact (name and telephone number) \_\_\_\_\_

Doctor (name and telephone number) \_\_\_\_\_

Past Medical History (including injuries and surgeries) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Current Medical Problems (including injuries and surgeries) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies \_\_\_\_\_

\_\_\_\_\_

Approximate Weight \_\_\_\_\_ Sex:  M  F

#### MEDICATIONS (include prescription and nonprescription products, including herbals)

Name	Dosage	When taken (times)	Condition for Which Taken

This table is also printed on the other side with larger lines.

### IN CASE OF EMERGENCY CALL 9-1-1

Post this form on the refrigerator and keep it available if it is needed during an emergency. The availability of this information could save a life.

This form was developed by the Paramus Ambulance Corps. To obtain additional copies please contact us at 201-262-3400, extension 448; visit us at 295 East Midland Avenue; or download additional copies at: <http://www.paramusvolambulancecorps.homestead.com/ImportantPVACdocuments.html>

