

Emergency Telephone Numbers

This information is for _____

All about you

Full name: _____ Date of birth: _____

At last physical on _____ (date) I was _____ (height) and _____ (weight)

Home address: _____

Directions to home: _____

Home phone: _____ Allergies: _____

Medical conditions: _____

Current medicines: _____

Healthcare provider's name: _____

Healthcare provider's telephone number: _____

Know who to call in your community

9-1-1

Emergency transport system (if the 9-1-1 system is not available in your area):

National Poison Control Center: 800.222.1222

Hospital emergency room: _____ Fire: _____

Police: _____ Other: _____

Emergency Contact

Contact person name: _____ Relationship: _____

Work or home address: _____

Home phone: _____ Work phone: _____

Additional instructions: _____
