

Emergency Data & Medication List

If using a computer, complete the form below, then Ctrl-P or Cmd-P to print.
If using a tablet or phone, send to printer, then complete the form using a pen.

Name _____ Birthdate _____

Physician _____ Phone number _____

Emergency Contacts:

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

Do you have an Advanced Directive or a DNR form? (Y/N) ____

If so, where is it located? _____ Blood type _____

Medical Conditions/Health Issues/Recent Surgeries:

Drug and Food Allergies:

List all prescription medications (RX) and all over-the-counter, including supplements, pain relievers, antacids, laxatives, and herbal remedies. Under Rx, enter 'Y' if it is a prescription.

Medications				
Rx (Y/N)	Name	Strength	Form (tablet, liquid, etc.)	How often taken?

Date last updated _____

Keep this information on your refrigerator and/or inside your medicine cabinet. Also place a copy in your wallet or purse.