

### 911 EMERGENCY MEDICAL INFORMATION

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ ( Male ) (Female )  
Circle One

Doctor \_\_\_\_\_ Doctors Phone Number \_\_\_\_\_

Allergies: drugs \_\_\_\_\_ substances like latex \_\_\_\_\_ other \_\_\_\_\_

Special Considerations; pacemaker, oxygen, nebulizer, other \_\_\_\_\_  
MS; Parkinson's; Alzheimer's; diabetes w w/o insulin; other \_\_\_\_\_

#### Medications:

Location of Medicines: \_\_\_\_\_

Name \_\_\_\_\_ Dosage \_\_\_\_\_ Times per day \_\_\_\_\_

(morning)(night)(with all meals)(with food )(bedtime only)(every \_\_\_ hrs) ( \_\_\_ times per day)

Taken for: \_\_\_\_\_

Name \_\_\_\_\_ Dosage \_\_\_\_\_ Times per day \_\_\_\_\_

(morning)(night)(with all meals)(with food )(bedtime only)(every \_\_\_ hrs) ( \_\_\_ times per day)

Taken for: \_\_\_\_\_

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Taken for: \_\_\_\_\_

In Case of Emergency Notify : \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_