FAMILY EMERGENCY HEALTH INFORMATION SHEET

Create a family emergency health plan using this information. Fill in information for each family member in the space provided.

1. Family Member Information:

Blood Type	Allergies	Past/Current Medical Conditions	Medications and Dosages
	Blood Type	Blood Type Allergies	Blood Type Allergies Past/Current Medical Conditions

2. Emergency Contacts:

Contacts	Name/Phone Number
Local personal emergency contact	
Out-of-town personal emergency contact	
Hospitals near:	
Work	
School	
Home	
Family physician(s)	
Local health department	
Pharmacy	
Health insurance company and policy numbers	
Life insurance company and policy numbers	
Employer contact and emergency information	
School contact and emergency information	
Religious/spiritual organization	
Veterinarian	