



HEALTH CARD

Emergency Health Information Card

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1. This card should be duplicated as needed.
2. Cut out the card along the dotted lines.
3. Write in contact information for each household member. Use the back side of this card if you need additional space.
4. Fold the card so it fits into your pocket, wallet or purse.
5. Carry your card at all times so it is available in the event of a disaster or other emergency. Place it near your driver's license, school I.D., etc.

Emergency Health Information Card

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Emergency Contact #1:
Relationship:
Address:
City, State, Zip:
Day Phone:
Evening Phone:
Cell Phone:
E-mail:

Date Updated:
Name:
Address:
City, State, Zip:
Day Phone:
Evening Phone:
Cell Phone:
E-mail:
Birth Date: Blood Type:
Health Plan: Group #:
Individual #:

Emergency Contact #2:
Relationship:
Address:
City, State, Zip:
Day Phone:
Evening Phone:
Cell Phone:
E-mail:

Doctor's Name:
Address:
City, State, Zip: Fax:
Phone: E-mail:

Special Conditions:
Medications/Dosages:
Allergies:
Communications/Devices/Equipment/
Other:

Pharmacist's Name:
Address:
City, State, Zip: Fax:
Phone: E-mail: