

# EMERGENCY MEDICAL INFORMATION

Patient's Name:	Patient's Date of Birth:
Emergency Contact Name:	Contact's Phone:
Relationship with Patient:	Alt Phone:
Post any <b>ADVANCED DIRECTIVES</b> with this form: <input type="checkbox"/> Durable Power of Attorney for Health Care <input type="checkbox"/> Pre-Hospital "Do Not Resuscitate" Order	<b>ALLERGIES (Check all are known):</b> <input type="checkbox"/> No Known Allergies <input type="checkbox"/> Latex <input type="checkbox"/> Demerol <input type="checkbox"/> Codeine <input type="checkbox"/> Morphine <input type="checkbox"/> Insect Stings <input type="checkbox"/> Penicillin <input type="checkbox"/> Aspirin <input type="checkbox"/> Sulfa <input type="checkbox"/> Other

## MEDICAL CONDITIONS (Check all that apply):

- |  |   |                                 |
|--|---|---------------------------------|
| <input type="checkbox"/> No Medical Conditions | <input type="checkbox"/> Pacemaker                  | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Angina                | <input type="checkbox"/> Stroke                     |                                 |
| <input type="checkbox"/> Heart Attack          | <input type="checkbox"/> Asthma                     |                                 |
| <input type="checkbox"/> HIV/AIDS              | <input type="checkbox"/> Diabetes/Hypoglycemia      |                                 |
| <input type="checkbox"/> Hepatitis             | <input type="checkbox"/> Seizures                   |                                 |
| <input type="checkbox"/> Fractures             | <input type="checkbox"/> Bleeding/Clotting Disorder |                                 |
| <input type="checkbox"/> COPD/Emphysema        | <input type="checkbox"/> Cancer:                    |                                 |
| <input type="checkbox"/> High Blood Pressure   |   |                                 |

## MEDICATIONS:

Name	Dose	Per Day	Name	Dose	Per Day

Place this form on the front of your refrigerator with a copy in your purse and/or wallet. Keep the form up-to-date. For assistance completing the form or to get additional blanks, contact North Kitsap Fire & Rescue at [www.nkfr.org](http://www.nkfr.org) or (360)297-3619.