



# Emergency Information Card



Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date card completed \_\_\_/\_\_\_/\_\_\_

Telephone # (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_

Allergies \_\_\_\_\_

Medical Problems/illnesses \_\_\_\_\_

Current Medications and Dose

Over For Emergency Contacts

# Emergency Contacts

Power of Attorney

1. Name \_\_\_\_\_

Phone Number (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Relationship to \_\_\_\_\_

Yes \_\_\_ No \_\_\_

2. Name \_\_\_\_\_

Phone Number (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Relationship to \_\_\_\_\_

Yes \_\_\_ No \_\_\_

3. Name \_\_\_\_\_

Phone Number (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Relationship to \_\_\_\_\_

Yes \_\_\_ No \_\_\_

Other \_\_\_\_\_

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