Instructions: Print on bright colored paper. Complete form. Carry in first aid kit. In the event of an incident, provide form to emergency personnel. Review and update form at least once a year.

Emergency Contact and Medical Information

Name

Date of Birth

Primary Phone

Secondary Phone

Address, City, ST, Zip

Email

Vehicle Make/Model/License Plate/State

Emergency Contacts

Emergency Contact 1

Emergency Contact 2

Phone

Phone

Email

Email

Relationship

Relationship

Medical Information

Weight

Sex

Blood Type

Relevant Medical History (Illnesses, Injuries)

Allergies

Current Medications

Medical Alert Tag (Reason, Location)

Primary Care Doctor

Phone