

## Medical Emergency Card

Date:

Personal Information	Emergency Contacts and Phone Numbers	
Name:	Family or Friends	
Address	1.	
	2.	
Telephone No. (    )	3.	
Date of Birth:	Physicians	
SSN# (Optional)	Primary:	
Allergies to Meds:	1.	
	2.	
Major Illness	Health Care:	ID No:
Other:	Medicare No.	
	Ambulance Service:	
	Preferred Hospital:	
	DNR:    Yes    No	Living Will:    Yes    No

