



EMERGENCY: DIAL 911

Non-Emergency: 617.745.9999

NAME: _____ **BLOOD TYPE:** _____

AGE/D.O.B.: _____ **SOCIAL SECURITY #:** _____

WHO TO CONTACT IN CASE OF EMERGENCY

CONTACT #1	
PHONE NUMBER	
RELATIONSHIP	

CONTACT #2	
PHONE NUMBER	
RELATIONSHIP	

PAST MEDICAL HISTORY: _____

ALLERGIES: _____

PRIMARY DOCTOR		PHONE NUMBER	
PRIMARY HOSPITAL		PHONE NUMBER	
HEALTH CARE PLAN		PLAN NUMBER	

MEDICARE NUMBER: _____ **MEDEX NUMBER:** _____



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MEDICATIONS

CURRENT MEDICATION	DOSAGE/STRENGTH	TAKEN HOW OFTEN	NORMAL TIME TAKEN

THE MEDICAL INFORMATION CONTAINED ON THIS CARD CAN SAVE LIVES.

ALL EMERGENCY SERVICES ARE AWARE OF THESE CARDS.

IT IS IMPORTANT TO KEEP THE INFORMATION ON THEM UP-TO-DATE.

PLEASE FILL OUT ONE FOR EACH FAMILY MEMBER & ATTACH IT TO YOUR REFRIGERATOR.

** For additional cards or assistance, please call: (617) 745-9999.*