

Emergency Medical Data

----- fold to this line -----

First			Initial			Last			Home Phone			Mobile Phone					
Street						City						State			Zip		
DOB		Male/Female		Weight		Height		Ethnic		Hair Color		Eye Color		Blood Type		Religion	
Hearing Impaired		Visually Impaired			Speech Impaired			Mobility Impaired			Dentures		Primary Language				
No-CPR/DNR		Healthcare POA			Living Will Advance Directive			Location of these Forms				Hospital Choice					
Emergency Contact				Phone				Address				Relationship					
Doctor				Phone				Address				Specialty					
Doctor				Phone				Address				Specialty					
Doctor				Phone				Address				Specialty					
Allergies, food, environmental, chemical, latex																	
Medication				Dosage				Frequency									
Medication				Dosage				Frequency									
Medication				Dosage				Frequency									
Medication				Dosage				Frequency									
Surgeries																	
Recent Injuries																	
Health Conditions																	
Implants, stints, breast, pacemaker, insulin pump, knee/hip replacement																	
Vaccinations																	
COVID Vaccinations Type _____ 1 st _____ 2 nd _____ Booster _____ Additional _____																	
Healthcare Insurance																	
Parent or legal guardian:										Form updated on:							

Emergency Medical Data Instructions

This 5-minute task could save your life!



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1. Caution, do not save the EMD sheet from your browser, it may not save correctly. Instead, save using your PDF reader.
2. Complete a form for every family member and save it for reference and changes.
3. Print a sufficient number of copies for your selected locations, refrigerator, vehicles, go-bag, workout-bag, hiking/cycling bag, purse, billfold, laptop bag, briefcase, suitcase, travel bag and at work. Consider other locations where you might be without the EMD.
4. Update anytime important information has changed.
5. Place the EMD on the outside of your refrigerator using a refrigerator magnet or in an envelope marked "Emergency Medical Data." A magnet will not work on stainless steel. As alternate; insert the EMD in a sealed plastic bag and place on the top shelf inside the refrigerator. Consider including your Health Care Power of Attorney and the No-CPR or DNR (Do Not Resuscitate) form if you have one. The refrigerator is a known location in most homes and businesses, and easy to locate. Ask your local Fire/EMS for their preferred location. The EMD may contain sensitive information about a patient. To restrict visibility and provide privacy, fold the EMD in half and stop at the "fold-line".
6. Place a copy of the (EMD) in the glove compartment box for each vehicle you own and for each member of the family. First responders often look there in a vehicle accident.
7. Carry a copy in your purse, wallet, backpack, laptop bag, briefcase, suitcase, golf bag, travel bag, baby pack, etc.
8. Tell friends you have this EMD form and their locations.
9. Have copies of your Health Care Power of Attorney and the No-CPR or DNR (Do not resuscitate) form in the same location as your EMD. Responders will not know you have these forms if you do not list them here and make them readily available.
10. Consider adding a note to your front door window announcing the EMD is on/in the refrigerator.
11. Visit www.911ready.org for additional suggestions.

