

After you complete this booklet,
pull out this card and fill in
the emergency health and
contact information.

Carry this card with you
at all times.

FOLD HERE

Emergency Health Information Card

My name, phone and address:

EMERGENCY CONTACTS

Contact Person
Name & Phone

Contact Person
Name & Phone

Physician
Name & Phone

Physician
Name & Phone

Case Worker
Name & Phone

EMERGENCY HEALTH INFORMATION

Sensory
Limitations

Communication
Limitations

Allergies &
Sensitivities

Medication Doses,
Times & Routes

Dietary
Information

Medical
Equipment

Mobility &
Transfers

Treatment
Preferences