

**Other Information / Remarks**

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Current Medications	Dosage	Frequency

Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Primary Language: \_\_\_\_\_

**EMERGENCY  
 INFORMATION  
 CARD**



**Alameda County**  
**Emergency Medical Services Agency**  
 1000 San Leandro Blvd  
 San Leandro, CA 94577  
 (510) 618-2050  
 website: [acgov.org/ems](http://acgov.org/ems)  
 e-mail: [alcoems@acgov.org](mailto:alcoems@acgov.org)



**Instructions:**

Take the Emergency Information Card to your physician visits and update when changes occur, or at least once a year. Copy updated information on to this card – use pencil.

**Other Information / Remarks**

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**Instructions:**

Take the Emergency Information Card to your physician visits and update when changes occur, or at least once a year. Copy updated information on to this card – use pencil.

## EMERGENCY MEDICAL INFORMATION CARD

Date form updated: Month: \_\_\_\_\_ Year: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Do Not Resuscitate Form is attached, or located at: \_\_\_\_\_

\_\_\_\_\_

### EMERGENCY CONTACTS

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### MEDICAL CONDITIONS

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Allergies: \_\_\_\_\_

### PHYSICIAN INFORMATION

Primary Physician: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Specialty Physician: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

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Address: \_\_\_\_\_

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