

My Medical Information



www.yorkcenterfire.org

In Case of Emergency, Dial 911

Name:

Address:

Date of Birth:

Phone Number:

Doctor:

Phone:

Emergency Contacts

Name:

Phone:

Cell Phone:

Name:

Phone:

Cell Phone:

Medications

Allergies

Medical Conditions

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Cardiac | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Other (please explain below) | |

Other Information

We recommend placing this on the front of your refrigerator. If you need a magnetic folder, please call (630) 627-1940 ext. 300 and we will provide one for you.

Fold Here