

Emergency Information Summary
Updated 2/24/09

Name:
Address:
Home Telephone:

Date of Birth:

<u>Emergency Contacts:</u>	<u>Name</u>	<u>Relationship</u>	<u>Home #</u>	<u>Cell #</u>	<u>Work #</u>	<u>Pager #</u>
1.						
2.						
3.						

<u>Medical Information:</u>	<u>Name</u>	<u>Specialty</u>	<u>Tel #</u>
Primary Physician:			
Other Physician:			
Other Physician:			
Other Physician:			

<u>Medical Insurance:</u>	<u>Provider</u>	<u>Policy #</u>
1.		
2.		

<u>Drug Allergies:</u>	<u>List below</u>	<u>List below</u>
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<u>Medications in use:</u>	<u>List below</u>	<u>List below</u>
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<u>Medical conditions:</u>	<u>List below</u>	<u>Baseline vitals:</u>
		Blood Pressure:
		Pulse Rate:

Other pertinent info: