

MEDICAL EMERGENCY INFORMATION - A Simple Card

Name _____ Age _____ Weight _____

Address _____ Tel # () _____

City _____ State _____ Zip _____

Emergency Call: _____ Tel# () _____

Social Security No. _____

Doctor: _____ () _____ Religion _____

Diagnoses: _____ Blood Pressure /

Blood Type: _____ ALLERGIES _____

Drugs: _____ Pen _____ Sulfa _____

Current Therapy _____

EKG: _____ Chest x-ray: _____

Legal: Living Will Yes _____ No _____

Designated Person for Durable Power of Attorney _____

Resuscitation: (Code Status) Full code: Yes _____ No _____

Chest compression Yes _____ No _____

Chemical code Yes _____ No _____

Pharmaco(drug) therapy Yes _____ No _____

No code (DNR) Yes _____ No _____

Organ Donor: Cornea Yes _____ No _____

Body Organs Yes _____ No _____

Witness#1 _____ **#2** _____

Date _____

Signature#1 _____ **#2** _____

Date _____