|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| http://www.ci.bremerton.wa.us/img/fire/patch02.jpg | **MEDICAL EMERGENCY INFORMATION**  Please place this card on the outside of your refrigerator | | | | | | **DATE COMPLETED** | |
|  |  | |
|  |  | | | | | | | |
| **NAME:** | | | |  | | **MEDICATION** | **DOSAGE** | **FREQUENCY** |
| **DATE OF BIRTH:** | | | |  | |  |  |  |
| **PHYSICIAN(S) NAME AND PHONE NUMBER** | | | |  | |  |  |  |
| 1. | | | |  | |  |  |  |
| 2. | | | |  | |  |  |  |
| 3. | | | |  | |  |  |  |
| **CONTACT(S) NAME AND PHONE NUMBER** | | | |  | |  |  |  |
| 1. | | | |  | |  |  |  |
| 2. | | | |  | |  |  |  |
| 3. | | | |  | |  |  |  |
| **SIGNIFICANT SURGERY** | | | |  | |  |  |  |
| 1. | | | |  | |  |  |  |
| 2. | | | |  | |  |  |  |
| 3. | | | |  | |  |  |  |
| **LOCATION OF ADVANCE DIRECTIVES** (if applicable) | | | |  | |  |  |  |
| *DNR & POLST require additional forms. Check which form(s) you have:* | | | |  | |  |  |  |
| **DNR** – Do Not Resuscitate | | | |  | |  |  |  |
| **POLST** – *Physicians Orders for Life-Sustaining Treatment* | | | |  | |  |  |  |
| Please list location of DNR and/or POLST below: | | | |  | |  |  |  |
|  | | | |  | |  |  |  |
|  |  |  |  |  | |  |  |  |
| **MEDICAL CONDITIO**NS (Check all that apply and list other conditions; provide information below) | | | | | | | | |
| No Medical Conditions  Asthma/COPD  Bleeding Disorder  Diabetes/Insulin Dependent  Heart Problems  Hypertension | | | | | Stroke  Seizure Disorder | | | |
| **SEVERE ALLERGIES AND DRUG REACTIONS** (List any severe allergies and/or drug reactions below) | | | | | | | | |
| No known allergies or reactions | | | | |  | | | |
|  |  |  |  |  | |  |  |  |
| Please provide details on medical conditions listed above and/or other information emergency responders should know: | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| **HOSPITAL PREFERENCE** | |  | | | | | | |
| You might be transported to a different hospital based on your condition and/or hospital status. | | | | | | | | |