

This Emergency Information Card should be kept in your wallet or purse at all times.

By completing it you will be able to provide valuable information in a medical emergency even if you are unconscious. Remember to keep it updated.

Cut the card along the outer solid lines and fold it where indicated.

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*second
fold*

My Name: _____ Address: _____ _____ _____ Phone: _____ Health Insurance: _____ _____ Subscriber#: _____ Group#: _____ DOB: _____ Blood Type: _____ Wgt: _____ Hgt: _____	Medical Conditions: _____ _____ _____ _____ Drug/Other Allergies: _____ _____ _____
Emergency Contact(s)/Health Care Proxy: _____ Tel: _____ _____ Tel: _____ Primary Care Physician: _____ Tel: _____ Other Physician: _____ Tel: _____	Current Medications/Supplements: #1 _____ Dose: _____ #2 _____ Dose: _____ #3 _____ Dose: _____ #4 _____ Dose: _____ #5 _____ Dose: _____ #6 _____ Dose: _____ Vaccinations/Dates Received: _____ _____ Living Will: YES / NO Organ Donor: YES/NO

*first
fold*

*first
fold*

*second
fold*