

Emergency Contact and Medical Information Form

Instructions: Please print clearly. Keep this form in an easily accessible location (e.g., on the refrigerator, in a wallet, or glove compartment) for emergency responders.

1. Personal Information

Full Name:

Date of Birth: Gender:

Street Address:

City: State: ZIP Code:

Primary Phone: Alternate Phone:

2. Primary Emergency Contact

Contact Name:

Relationship:

Primary Phone: Alternate Phone:

Email Address:

3. Secondary Emergency Contact

Contact Name:

Relationship:

Primary Phone: Alternate Phone:

Email Address:

4. Medical Information

Blood Type:

Allergies (Food, Drug, Environmental):

Current Medical Conditions:

Current Medications and Dosages:

5. Insurance & Medical Providers

Primary Care Physician Name:

Physician Phone Number:

Health Insurance Provider:

Policy Number: Group Number: