

My Medical Information



www.yorkcenterfire.org

In Case of Emergency, Dial 911

Name:

Address:

Date of Birth:

Phone Number:

Doctor:

Phone:

Emergency Contacts

Name:

Phone:

Cell Phone:

Name:

Phone:

Cell Phone:

Medications

Allergies

Medical Conditions

Cardiac

Hypertension

Asthma

Seizures

Diabetes

Stroke

Other (please explain below)

Other Information

Fold Here

We recommend placing this on the front of your refrigerator. If you need a magnetic folder, please call (630) 627-1940 ext. 300 and we will provide one for you.