EMERGENCY MEDICAL INFORMATION

Patient's Name: | Patient's Date of Birth:

Emergency Contact Name: | Contact's Phone:

Relationship with Patient: | Alt Phone:

Post any ADVANCED DIRECTIVES with this form:

- □ Durable Power of Attorney for Health Care
- □ Pre-Hospital "Do Not Resuscitate" Order

ALLERGIES (Check all are known):

- □ No Known Allergies
- □ Latex
- □ Demerol
- □ Codeine
- □ Morphine
- □ Insect Stings
- □ Penicillin
- □ Aspirin
- □ Sulfa
- □ Other

MEDICAL CONDITIONS (Check all that apply):

- □ No Medical Conditions
- □ Angina
- □ Heart Attack
- □ HIV/AIDS
- □ Hepatitis
- □ Fractures
- □ COPD/Emphysema
- □ High Blood Pressure
- □ Pacemaker
- □ Stroke
- □ Asthma
- □ Diabetes/Hypoglycemia
- □ Seizures
- □ Bleeding/Clotting Disorder
- □ Cancer:
- □ Other:

MEDICATIONS:

Name	Dose	Per Day	Name	Dose	Per Day

Place this form on the front of your refrigerator with a copy in your purse and/or wallet. Keep the form up-to-date. For assistance completing the form or to get additional blanks, contact North Kitsap Fire & Rescue at www.nkfr.org or (360)297-3619.