



# 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

LOCATION OF ADVANCE DIRECTIVES (if applicable)

DNR - Do not resuscitate

POLST - Physicians Orders for Life-Sustaining Treatment

POA - Power of Attorney

Please list location of DNR, POLST and POA forms below:

**MEDICAL CONDITIONS (Check all that apply and list other conditions)**

No medical conditons

Stroke

Asthma/COPD

Seizure Disorder

Bleeding Disorder

Diabetes/Insulin Dependent

Heart Problems

Hypertension

**SEVERE ALLERGIES AND DRUG REACTIONS (List any below)**

No known allergies or reactions

Please provide more 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.

Clark County Fire District #3      17718 NE 159th Street Brush Prairie, WA. 98606      360-892-2331