

Important Medical Information

(for Rescue Personnel)

*Fold in half with print showing
Place on your refrigerator with a magnet.*

Medical information for emergency personnel

Name _____ DOB ___/___/___ Blood Type _____

Physician _____ Telephone _____

Hospital Preference _____

Medical Conditions and Health conditions _____

Current Prescription Medications _____

Dietary Supplements or Herbal Remedies _____

Other medical conditions/Concerns (i.e. Oxygen or cpap) _____

Allergies to medications and or other allergies _____

Emergency Contact

At Arrowhead: _____

Family: _____

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