

Personal Information:

Name: _____
Address: _____
City: _____ Postal Code: _____
Phone: (____) _____ - _____
Health Card # _____

In case of Emergency (ICE):

Contact :
Name: _____
Address: _____
City: _____ Postal Code: _____
Phone: (____) _____ Relationship: _____
Cell : (____) _____ - _____
Work: (____) _____ - _____ Ext: _____



Doctor:

Name: _____
Phone #: (____) _____ - _____

Allergies to Medication:

Existing Medical Problems:

Heart:

- Angina High Blood Pressure
- CHF Low Blood Pressure
- Heart Attack Pacemaker
- Implanted Defib Stroke TIA's

Medical History:

- Alzheimers Aneurysm Anaemia
- Epilepsy Hemophilia Kidney
- Diabetes Controlled by: Diet Meds

Disabilities or Other

Considerations:

Other Medical History:

List All Current Medications:

Name of Drug Dose X's/day

Insurance Carrier: _____
Policy # _____
Height: _____cm Weight: _____Kg

This card should be kept up to date, and carried in your wallet at all times. This information is vital to medical professionals in the event that you require emergency medical treatment.

Personal Emergency Information Card



9-1-1

Ambulance - Police - Fire

