

After you complete this booklet,  
pull out this card and fill in  
the emergency health and  
contact information.

Carry this card with you  
at all times.

FOLD HERE

## Emergency Health Information Card

My name, phone and address:

## EMERGENCY CONTACTS

Contact Person  
Name & Phone

Contact Person  
Name & Phone

Physician  
Name & Phone

Physician  
Name & Phone

Case Worker  
Name & Phone

# EMERGENCY HEALTH INFORMATION

Sensory  
Limitations

Communication  
Limitations

Allergies &  
Sensitivities

Medication Doses,  
Times & Routes

Dietary  
Information

Medical  
Equipment

Mobility &  
Transfers

Treatment  
Preferences