## EMERGENCY DATA

| Last Update: | File: d:\word-doc\emgcy data-sheet-blank.doc |
|---|---|

**Name:**
**Date of Birth** :
**Mailing Address:**
**Driver License # / State:**
**Military Service:**
**Service Number:**

| Telephone – Work<br>(    )         - | Telephone  -  Home<br>(    )         - |
|---|---|
| **Blood Type:** | |
| **Last Tetanus Shot:** | |

| | |
|---|---|
| **Allergies:** | |
| **Medical Conditions:** | |
| **Religion:** | |

| Medi-cations | Name, dosage, time, and amount taken |
|---|---|

| Primary Care Physician: | Day:  (    )         -<br>Night: (    )         - |
|---|---|
| **Medical Insurance:**<br>and group, member, account, or other identifying numbers. | **Tel:**   (    )         - |
| **Supplemental Insurance:** | **Tel:**   (    )         - |
| **Prescriptions**: | **Tel:**   (    )         - |
| **Dental Insurance:** | **Tel:**   (    )         - |
| **Emergency Point of Contact:**<br>**Relationship:** | Name:<br>Address:<br>WP:   (    )         -<br>HP:   (    )         - |
| **Alternate Emergency Point of Contact:**<br>**Relationship:** | Name:<br>Address:<br>WP:   (    )         -<br>HP:   (    )         - |

| Living Will on file at: | name-address-telno |
|---|---|
| **Health Care Proxy on file at:** | name-address-telno |