NORTH COUNTRY EMS MEDICAL EMERGENCY CARD

DATE:

NAME:

DATE OF BIRTH:

PHYSICIAN NAME:

PHYSICIAN PHONE:

MEDICAL INSURANCE:

ID#:

EMERGENCY CONTACTS & PHONE # (RELATIONSHIP):

1

2

3

SIGNIFICANT SURGERY(S) & YEARS:

LOCATION OF ADVANCED DIRECTIVES (POLST, DNR, etc.):

MEDICATION	DOSAGE	FREQUENCY

MEDICAL CONDITIONS

Check All That Apply

- □ No Medical Conditions
- □ Asthma
- □ Bleeding Disorder
- □ Diabetes/Insulin Dependent
- □ Heart Problems
- □ Hypertension
- □ Seizure Disorder
- □ Stroke

List Any Other Medical Condtions

ALLERGIES

□ No Known Allergies

List Allergies:

Please list any other information the Emergency Responders should know: