## In Case of Emergency: My Personal and Health Information

Keep this information sheet on your refrigerator. It should be visible and accessible. Share it with family members and trusted friends. Update it twice a year.

Personal Information	
Full Name	
Date of Birth	
Address (include the phonetic spelling of the address and nearby landmarks, such as intersection, school or library)	
Emergency Contacts (name, relationship, and phone number; include multiple contacts if possible)	
Medical Information	
Health Conditions (chronic illnesses such as diabetes, asthma, or hypertension; past surgeries or significant medical history)	
Allergies (medications, foods, or other substances)	
Medications (list of current medications, including dosages and schedules)	
Blood Type	
Medical Devices (details of any implanted devices such as pacemaker, insulin pump)	
Immunization Records (vaccinations, tetanus, flu, or COVID-19)	
Primary Physician (name, phone number, and hospital)	
Preferred Hospital and Ambulance Service	
Health Insurance	
Insurance Providers (policy numbers and contact details)	
Legal and Consent Documents (policy number	US and Canadian directives are not recognized in Mexico, but
and contact details)	your contacts may wish to know of your wishes.
Advance Directive or Living Will Power of Attorney for Healthcare Organ Donor Information (if applicable)	

