**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 trusted contacts. Update it twice a year.*

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| **Personal Information and Emergency Contacts** |
| **Full Name** |  |
| **Date of Birth** |  |
| **Address** *(include the phonetic spelling of the address and nearby landmarks, such as intersection, school or library)* | Address & Phonetic SpellingIntersectionLandmarks |
| **Emergency Contacts** *(name, relationship, and phone number; include multiple contacts if possible)* | 1.2.3.4.5.6.7. |

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| **Medical Information** |
| **Health Conditions** *(chronic illnesses such as diabetes, asthma, or hypertension; past surgeries or significant medical history)* |  |
| **Allergies** *(medications, foods, or other substances)* |  |
| **Blood Type** |  |
| **Medications** *(list of current medications, including dosages and schedules)* |  |
| **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** |  |

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| **Health Insurance** |  |
| **Insurance Providers, including policy numbers and contact details** |  |

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| **Legal and Consent Documents** | **Policy Number and Details***US and Canadian directives are not recognized in Mexico, but your contacts may wish to know of your wishes.* |
| **Advance Directive or Living Will** **Power of Attorney for Healthcare****Organ Donor Information (if applicable)** |  |