

Emergency Information Cards – ADULT (18 years and older)

Directions:

- Use one card per adult
- Recommended: Keep a current photo of adult with these records
 - o Put the adult's legal name, nickname and date of birth on the back of the photo
- 'Nickname' is the name the adult most often responds to
- 'DOB' refers to Date of Birth
- Questions: On the information card for Medical or Mental Health Concerns, circle yes or no for both questions; explain further on the medical emergency information card (bottom of sheet)
- *Medical Documents:* Any medical documents / information that may be needed in addition to these cards, keep a copy with these records
- Keep the information current! As ANY information changes, keep these records updated.
- **NOTE:** Wallet size cards; 2 cards side by side are designed to be cut in one long strip and folded in half.

Adult Information Card

Full Legal Name: _____

Nickname: _____ DOB (yyyy/mm/dd): _____

Address: _____

Medical Concerns? Y / N Mental Health Concerns? Y / N

Emergency Contact: _____

Relation: _____ Tel #: (____) ____ - _____

Birth Certificate #: _____

Citizenship: _____

Health Card #: _____

Health Card Expiry Date: _____

Social Insurance Number: _____

Passport #: _____

Passport Expiry Date: _____

Medical Emergency Contact Card

Full Name: _____

Health Card #: _____

Health Card Expiry Date: _____

Family Doctor: _____

Doctor Tel #: _____

Emergency Contact: (family, friend, guardian, other)

1. Name: _____

Relation: _____

Tel # (____) ____ - _____

2. Name: _____

Relation: _____

Tel # (____) ____ - _____

Other: _____

Medical Emergency Information Card

Medical Condition(s): List all that apply

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

| Current Medication | Dose | How often |
|--------------------|------|-----------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |