

## EMERGENCY INFORMATION SHEET

Name \_\_\_\_\_

Home Address \_\_\_\_\_

(Street or PO Box)

\_\_\_\_\_  
(City, State, Zip)

Home Phone (\_\_\_\_) \_\_\_\_\_ Office Phone (\_\_\_\_) \_\_\_\_\_

Name of person(s) to call in case of emergency:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phones: Day \_\_\_\_\_ Night \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phones: Day \_\_\_\_\_ Night \_\_\_\_\_

Name of your physician to call in case of emergency:

Name \_\_\_\_\_

Phones: Day \_\_\_\_\_ Night \_\_\_\_\_

Prescription drugs you are presently taking and dosages:

\_\_\_\_\_  
\_\_\_\_\_

Drugs to which you have a known reaction: \_\_\_\_\_

\_\_\_\_\_

Blood Type \_\_\_\_\_

Contact lens wearer? \_\_\_\_\_

Other medical information your team leader should know:

**ALL DOCTORS' RELEASES TO BE ATTACHED IF YOU ARE UNDER INTENSE CARE.**