MEDICAL EMERGENCY INFORMATION

Please place this card on the outside of your refrigerator

DATE COMPLETED

NAME:
DATE OF BIRTH:
PHYSICIAN(S) NAME AND PHONE NUMBER
1.
2.
3.
CONTACT(S) NAME AND PHONE NUMBER
1.
2.
3.
SIGNIFICANT SURGERY
1.
2.
3.
LOCATION OF ADVANCE DIRECTIVES (if applicable)

DNR & POLST require additional forms. Check which form(s) you have:

☐ **DNR** – Do Not Resuscitate

☐ **POLST** – *Physicians Orders for Life-Sustaining Treatment*

Please list location of DNR and/or POLST below:

MEDICATION	DOSAGE	FREQUENCY

MEDICAL CONDITIONS (Check all that apply and list other conditions; provide information below)

☐ No Medical Conditions
☐ Asthma/COPD
☐ Bleeding Disorder
☐ Diabetes/Insulin Dependent
☐ Heart Problems
☐ Hypertension
☐ Stroke
☐ Seizure Disorder
☐ _____
☐ _____
☐ _____
☐ _____

SEVERE ALLERGIES AND DRUG REACTIONS (List any severe allergies and/or drug reactions below)

☐ No known allergies or reactions
☐ _____
☐ _____
☐ _____
☐ _____
☐ _____
☐ _____
☐ _____

Please provide details on medical conditions listed above and/or other information emergency responders should know:

HOSPITAL PREFERENCE	

You might be transported to a different hospital based on your condition and/or hospital status.

Bremerton Fire Department | 911 Park Avenue, Bremerton, WA 98337 | (360) 473-5380