

HEALTH INFORMATION CARD

Name

Address

City **State** **Zip Code**

Phone

DOB / /

Language spoken

Emergency contact

Name

Phone

Fill out this card as best as you can. Keep it with you in the event of an emergency to assist medical providers.

Medication(s)

.....
.....

**Allergies (food,
medications, or
other)**

.....
.....

**Medical
condition(s)**

.....
.....

Blood type

.....