



MEDICAL EMERGENCY WALLET CARD

LAST UPDATED: _____

Complete both sides of this card and update the information every six months. Always keep the card with you (in your wallet or purse). Keep an extra copy in your **HOME EMERGENCY PREPAREDNESS KIT**.

PERSONAL DATA

Name: _____

Address: _____

Phone Number: _____

Date of Birth: _____ Blood Type: _____

Religion: _____

EMERGENCY CONTACTS

Name (local): _____

Phone Number: _____

Relationship: _____

Name (out-of-town): _____

Phone Number: _____

Relationship: _____

Meeting Location: _____

MEDICAL / HEALTH HISTORY (check all that apply)

- I am hard-of-hearing
- I am visually impaired
- I use a cane, walker or wheelchair
- I have memory problems
- I have a physical disability
- I use glasses

List any medical conditions: _____

Allergies: _____

Other: _____

