


Instructions

1 - Print This Page.

2 - Using a Pen, fill in your important medical and contact information on this form.

3 - Cut on Dotted Line →



 **EMERGENCY** MEDICAL IDENTIFICATION CARD

In an emergency where I am unconscious or unable to communicate, please read both sides of this card to know who to contact and the special care I must have.
This card was filled in on _____ (date)

PERSONAL INFORMATION
NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE _____ FAITH _____

NOTIFY IN EMERGENCY
My Doctor: NAME _____
CITY _____ PHONE# _____
Also, Please Notify: NAME _____
CITY _____ PHONE# _____
(SEE OTHER SIDE)

MEDICAL INFORMATION
PRESENT MEDICAL PROBLEMS: _____
ALLERGIES: _____
MEDICATIONS TAKEN REGULARLY: _____
OTHER INFORMATION: _____

DATE OF LAST IMMUNIZATIONS: DIPHTHERIA: _____
TETANUS: _____ SMALLPOX: _____
TYPHOID: _____ OTHER: _____

Monroe Specialty Company, Inc. PO Box 740 Monroe, WI 53566
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4 - Fold on This Line →

5 - Place your new Pocket Medical Card in your wallet or purse to have your important medical and contact information with you at all times.

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