

Emergency Medical Data

----- FOLD TO THIS LINE -----

First			Initial			Last			Home Phone			Mobile Phone					
Street						City						State			Zip		
Date of Birth		Male/Female		Weight		Height		Ethnic		Hair Color		Eye Color		Blood Type		Religion	
Hearing Impaired		Visually Impaired			Speech Impaired			Mobility Impaired			Dentures		Primary Language				
Have DNR, DNAR, AND, POLST or No-CPR*			Have Healthcare Power of Attorney			Have Living Will or Advance Directive			Location of Forms			Hospital Choice					
Emergency Contact				Phone				Address				Relationship					
Doctor				Phone				Address				Specialty					
Doctor				Phone				Address				Specialty					
Doctor				Phone				Address				Specialty					
Allergies for medications, food, environmental, chemical, latex																	
Medication				Dosage				Frequency									
Medication				Dosage				Frequency									
Medication				Dosage				Frequency									
Medication				Dosage				Frequency									
Surgeries																	
Recent Injuries																	
Medical History																	
Implants, stints, breast, pacemaker, insulin pump, knee/hip replacement																	
Vaccinations																	
COVID Vaccinations Type _____ 1 st _____ 2 nd _____ Booster _____ Additional _____																	
Healthcare Insurance				Member Number				Plan Number				Group		Medicare/Medicaid			
Parent or legal guardian:									Form updated when:								

*Do you have a signed DNR (Do Not Resuscitate) DNAR (Do Not Attempt Resuscitation) POLST (Physician Orders for Life-Sustaining Treatment) AND (Allow Natural Death) or No-CPR Form?

Emergency Medical Data Instructions

This 5-minute task could save your life!

Download this pdf file to a folder of your choice. Right Mouse

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Firefox: Save Link As

Safari: Download Linked File

IE: Save Target As



www.911ready.org

1. Caution: do not save the EMD sheet from your browser. It may not save correctly. Instead, download the file and open with your PDF reader. Then save from your PDF reader.
2. Complete an EMD for every family member and save it under each name used for reference and changes.
3. Print enough copies for your selected locations, refrigerator, vehicles, go-bag, workout-bag, hiking/cycling bag, purse, billfold, laptop bag, briefcase, suitcase, travel bag and at work. Consider other locations where you could be without the EMD.
4. Update anytime important information has changed.
5. Place the EMD on the outside of your refrigerator using a refrigerator magnet or in an envelope marked "Emergency Medical Data." Since a magnet will not work on some stainless steel use a stick-on clip. Consider including your Health Care Power of Attorney, Advance Directive, and the No-CPR or DNR (Do Not Resuscitate) form if you have them.

The refrigerator is a familiar appliance in most homes and businesses, so responders often look there for the EMD. Ask your local Fire/EMS for their preferred location. The EMD may contain sensitive information about a patient so restrict visibility and provide privacy by folding the EMD in half and stop at the "fold-line".

Leave the words 'Emergency Medical Data' visible.

6. Place a copy of the EMD in the glove compartment box for each vehicle you own and for each member of the family. First responders often look there in a vehicle accident.
7. Carry a copy in your purse, wallet, backpack, laptop bag, briefcase, suitcase, golf bag, travel bag, baby pack, etc.
8. Tell friends you have this EMD form and their locations.
9. Have copies of your Health Care Power of Attorney, Advance directive and the No-CPR or DNR (Do not resuscitate) form in the same location as your EMD. Responders will not know you have these forms if you do not list them here and make them readily available.
10. Consider adding a note to your front door window announcing the EMD is on/in the refrigerator.
11. Visit www.911ready.org for additional suggestions.

**EMERGENCY
MEDICAL DATA
Refrigerator Front**