



EMERGENCY MEDICAL INFORMATION



Name: _____

Date of Birth: _____

Emergency Contact(s): Name: _____ Number: _____

Emergency Contact(s): Name: _____ Number: _____

Primary Physician: Name: _____ Number: _____

Allergies: _____

Current Medications and Dosages: _____

Important Notes:



In a medical emergency at home, make sure EMS personal have vital health information. Fill out the information on the back of this card and place it in an easily noticeable spot, such as on your fridge.

CONCERNED FOR THE SAFETY OF A LOVED ONE? KONVOY CAN CHECK IN *WHEN YOU CAN'T*

LEARN HOW WE CAN HELP

 founders@coveredbykonvoy.com

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