

# Emergency Information Sheet

Information valid for 1 year

The information on this card will be held confidential for use in case of an emergency.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

In case of an emergency, please contact:

Name: \_\_\_\_\_

Phone 1: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone 2: \_\_\_\_\_

Name: \_\_\_\_\_

Phone 1: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone 2: \_\_\_\_\_

Please list any significant health conditions that we should be aware of. For example, allergies (including allergies to medications), diabetes, heart or circulatory conditions, epilepsy.

Please list any medications you are currently taking including the name of the medication, the dosage, and the frequency of use.