

# EMERGENCY NOTIFICATION

This Emergency Notification Card belongs to:

(Name) \_\_\_\_\_

(Address) \_\_\_\_\_

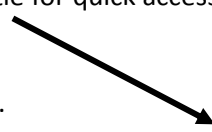
(Address) \_\_\_\_\_

(Home Ph) \_\_\_\_\_ (Cell Ph) \_\_\_\_\_

**The Medical and Emergency Information as of (DATE) \_\_\_\_\_**

Carry this EMERGENCY NOTIFICATION in a clear, waterproof plastic bag and place the contents in a visible and accessible pocket of your pack. Tag the pocket with a yellow cord or zip-tie for quick access.

In an emergency, this information can provide guidance to those who are with you and to those called to your aide.



## Emergency Contact Information

Emergency Contact #1

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

Hm Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Emergency Contact #2

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

Hm Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

## Important Medical Condition Information

Medical Conditions \_\_\_\_\_

Common Symptoms \_\_\_\_\_

Are you carrying a prescription Medications for emergency? \_\_\_\_\_

Medications \_\_\_\_\_

Where? \_\_\_\_\_

What is your routine use? \_\_\_\_\_

List Allergies to medicines, foods, insects, etc: \_\_\_\_\_

\_\_\_\_\_

What is the dosage of the antidote? \_\_\_\_\_

MD's Name: \_\_\_\_\_ Ph: \_\_\_\_\_

Location: \_\_\_\_\_

Insurance – Health Provider \_\_\_\_\_

**NOTE: Add helpful medical and personal health information on reverse side**

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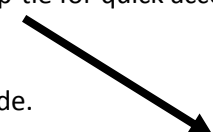
(Address) \_\_\_\_\_

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