

## Your emergency medical card

You may create your emergency medical card using one of the two methods below.

1. Enter the requested information in the fillable card below by placing your cursor in each field to type. Use your Tab key to move from field to field. The "Medical Alert" and "I am deaf" boxes will display a check mark if they are selected. When you are finished, click on your browser's Print button to print the card, OR
2. Print a blank copy of the card and fill it in using a permanent pen or marker.
3. Cut along the dotted lines to remove the card once it is completed. Printing the card on card stock or laminating it will help prevent wear and tear. Keep it with you at all times.

MEDICAL INFORMATION FOR: \_\_\_\_\_  
Print your name

Blood Type: \_\_\_\_\_  Medical Alert  I am deaf

Conditions and Medications: \_\_\_\_\_

Patient Advocate: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ ( ) \_\_\_\_\_

