

**Provided by your Southern AZ EMS and Fire Agencies
Printed by United Way of Tucson and Southern Arizona**

Emergency Medical Information

Please complete this form in pencil, review and revise every 6 months or as changes occur in your health or medications. Place in a plastic sleeve on the front of your refrigerator where it is visible to EMS and Fire Personnel. Please keep a copy in your wallet as well.

NAME _____

Date of Birth _____ Sex _____

Ethnicity _____ Blood Type _____

Eye Color _____ Hair Color _____

Emergency Contact Name(s): _____

Relationship: _____

Emergency Phone Number (s) _____

Medical Power of Attorney Name (if different): _____

Phone Number(s): _____

Insurance or Health Plan: _____

Case Mgr./Member Representative) _____

Phone: _____

Dr. Name: _____

Dr. Number: _____ Preferred Hospital: _____

Pre-Hosp Med Care Dir (Orange Form) current? Yes No

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