

EMERGENCY HEALTH INFORMATION CARD

Date Updated: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____

Evening Phone: _____

Cell Phone: _____

E-mail: _____

Birth date: _____

Blood type: _____

Health Plan: _____

Individual #: _____ Group #: _____

Emergency Contact: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____

Evening Phone: _____

Cell Phone: _____

E-mail: _____

Detach At Perforation



Department for the Aging (DFTA)
Mayor's Office for People with Disabilities (MOPD)
Office of Emergency Management (OEM)

City of New York
Michael R. Bloomberg, Mayor

EMERGENCY HEALTH INFORMATION CARD

Emergency Contact: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____

Evening Phone: _____

Cell Phone: _____

E-mail: _____

Doctor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____ E-mail: _____

Pharmacist's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

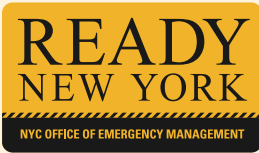
Fax: _____ E-mail: _____

Special Conditions:

Medications: _____

Allergies: _____

Communication/Devices/Equipment/Other: _____



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