

In Case of Emergency REFRIGERATOR CARD

NAME: _____ DATE CARD COMPLETED: _____

ADDRESS: _____ TELEPHONE: () _____

_____ ALLERGIES TO MEDS: _____

WHOM TO CONTACT NAME & PHONE #: _____

1. _____

2. _____

3. _____ DATE OF BIRTH: _____

DOCTOR'S NAME: _____ MAJOR ILLNESSES: _____

DOCTOR'S PHONE: _____

HEALTH INSURER: _____

MEDICARE #: _____ OTHER: _____

OVER FOR MEDICATIONS

MEDICATIONS

CURRENT MEDICATIONS	DOSAGE STRENGTH	HOW OFTEN TAKEN	WHEN TAKEN

**EMERGENCY
DIAL 911**

ERIE COUNTY SENIOR SERVICES
858-8526
LOCAL POLICE DEPT:
