Emergency Information

Name: _____
Address: _____
_____
Date of Birth: _____
Phone: _____
Cell: _____

Doctor: _____
Phone: _____

Medical Conditions: _____
_____
_____

Allergies: _____

Blood Type: _____

Communication
Needs/Language: _____

Medical Equipment: _____
_____
_____

Equipment Company: _____
Phone: _____

Hospital Preference: _____

Insurance: _____
Policy Number: _____
(May also attach copy
of card)
Service Animals/Pets: _____

Medications: _____
List dose and _____
how often you take. _____
(May also attach list) _____
_____
_____
_____
_____
_____
_____

Nearest Relative: _____
Relationship: _____
Phone: _____
Cell: _____

Emergency Contact: _____
Phone: _____
Cell: _____

Out of State
Emergency Contact: _____
Phone: _____
Cell: _____

Reunion Location: _____
(Close to Home in Case of Fire) _____

Location away from _____
neighborhood if unable _____
to return home _____

For more information, please visit
www.polkcountyiowa.gov/health

Print Form