

**Emergency personal medical information sheet**

This is an informational tool only, for your own use. A separate sheet must be used  
for EACH PASSENGER. This will ONLY be used in a medical emergency!

NAME: \_\_\_\_\_ HOME PH#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ LBS HEIGHT: \_\_\_\_\_

DO YOU HAVE A LIVING WILL? \_\_\_\_\_ (ATTATCH COPY)

BLOOD TYPE, (if known): \_\_\_\_\_

**INSURANCE CARRIER INFO**

SS# (optional): \_\_\_\_\_

NAME OF CARRIER: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

**ALLERGIES AND MEDICAL CONDITIONS:**

DO YOU HAVE ANY KNOWN ALLERGIES TO ANY OF THE FOLLOWING...IF  
SO, WHAT IS IT, AND WHAT TYPE OF REACTION DO YOU HAVE TO IT?

MEDICATION ALLERGIES AND REACTION:

\_\_\_\_\_

FOOD ALLERGIES AND REACTION:

\_\_\_\_\_

INSECT ALLERGIES AND REACTION:

\_\_\_\_\_

CONTRAST DYE OR LATEX ALLERGY AND REACTION:

OTHER: \_\_\_\_\_

DO YOU HAVE ANY MEDICAL CONDITIONS THAT MEDICAL PERSONEL  
NEED TO BE AWARE OF? (Diabetes, asthma, heart problems, etc...)

\_\_\_\_\_

LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING (include dose &  
frequency if possible): \_\_\_\_\_

\_\_\_\_\_

LOCAL PHYSICIANS AND LOCATION: \_\_\_\_\_

\_\_\_\_\_

**CONTACT PERSON #1**

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

PHONE #: \_\_\_\_\_ ALTPH# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**CONTACT PERSON #2**

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

PHONE #: \_\_\_\_\_ ALTPH# \_\_\_\_\_

ADDRESS: \_\_\_\_\_