

# Jefferson Fire Medical Information Card

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Primary Doctor: \_\_\_\_\_

Phone number \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## Allergies to Medications:

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## Current Medications:

## Dose:

Current Medications:	Dose:

Medical History: \_\_\_\_\_

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\_ Has a Pulse or do not resuscitate form (DNR)? Yes: \_\_\_\_\_ No: \_\_\_\_\_

A copy of the Pulse or DNR form must be present and completed for wishes to be honored.