Current Medications:
(include name **and** dosage)
Fill this part out in pencil and update as required.

Remember, when you require immediate Police, Ambulance or Fire emergency services, call:

to

Report a fire
Stop a crime
Save a life

This card and 9-1-1 Call Answering service is provided to you by The Regional Municipality of York
www.region.york.on.ca

Personal Emergency Information Card

Police

Ambulance

Fire

Personal Information

Name: _____
Address: _____
Address: _____
Phone: _____
Health Card No. _____

In Case of Emergency Contact:

Name: _____
Phone: _____
Phone: _____
Relationship: _____

Name: _____
Phone: _____
Phone: _____
Relationship: _____

Family Physician:

Name: _____
Phone: _____

Regular Pharmacy:
Name: _____
Phone: _____

This card should be kept up to date and carried in your wallet at all times. It contains information that medical professionals need to know in the event that you require emergency medical treatment.

Medical History:
(Hypertension, Diabetes, previous stroke, etc.)

Allergies: