

# 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:

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