



***** Medical Alert Information *****



In an emergency, dial 9-1-1 and provide the following information:

- Your name and phone number
- Basic description of the emergency
- Address / location of the emergency
- Answer dispatcher questions and wait on the line until the 911 dispatcher hangs up
- Have someone wait outside to direct first responders to the emergency location
- Have the person's Medical Alert Information available for first responders.

To create a printable Medical Alert Information Form, follow the instructions below.

Medical Alert Form Instructions

1. Download and save this pdf file to your computer. Depending on the browser and operating system you are using, you can do this by right-clicking this document and selecting the "SAVE AS..." command, or by clicking on the download icon
2. Open the saved pdf document on your computer using the free software Adobe Acrobat Reader. If you do not already have Adobe Acrobat Reader you can download it for free at <https://get.adobe.com/reader/>.
3. Complete a Medical Alert Information form for each member of your family. Attach a full face picture of the individual to the form (simply click on the silhouette picture and insert a pdf image of the named person). When all information has been entered, save and print the form. Copy the completed form(s).
4. Place the completed copies in several locations including the car glove box, office or work station, and the side of the home refrigerator. You can also generate wallet sized cards to carry in your wallet, purse or kids backpacks.
5. Print and cut out the Medical Alert sticker below (small or large). Place the sticker where an emergency responder can easily see the alert sticker and know to check the refrigerator side and vehicle glove box for the completed form.
6. Review and update the information as needed.





******* Medical Alert Information *******



Name: _____ DoB: _____

Gender: _____ Marital Status: _____

Phone: Cell _____ Home _____

Address: _____

City _____ State ____ Zip Code _____

Medical Insurer: _____ Policy: _____

Medical Insurer: _____ Policy: _____

Med Reference No.: _____ Medicare #: _____

[Click on icon to add picture](#)

Do you have an Advance Health Care Directive? YES (attach copy); NO

If YES, Specify AHCD Agent: _____ Phone: _____

Have you requested a DO NOT resuscitate order? YES (attach copy); NO

******* IN CASE OF EMERGENCY NOTIFY *******

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

******* KEY MEDICAL INFORMATION *******

Primary Physician: _____ Phone: _____

Other Physician: _____ Phone: _____

Preferred Hospital / Medical Group: _____

Normal Blood Pressure _____ Height _____ Weight _____ Blood Type _____

Known Medical Issues / Disabilities (for example, diabetes, high blood pressure):

Allergies (for example, peanuts, bee sting, drugs including AAA, BBB):

Implants or Medical Devices (for example, pace maker, hip implant, heart valve, etc.):



******* Medical Alert Information *******



Other Devices You Currently Use:

Dentures _____ Glasses / Contacts _____ Hearing Aids _____

Oxygen _____ (if YES, specify dosage) Dosage: _____

Other _____

Current Medications (List all prescriptions and Over-the-Counter Drugs. Attach separate sheet if needed):

Name _____ Dosage/Time _____

Purpose _____

Name _____ Dosage/Time _____

Purpose _____

Name _____ Dosage/Time _____

Purpose _____

Name _____ Dosage/Time _____

Purpose _____

Name _____ Dosage/Time _____

Purpose _____

Name _____ Dosage/Time _____

Purpose _____

Name _____ Dosage/Time _____

Purpose _____

Name _____ Dosage/Time _____

Purpose _____

Other Information (for example, location of medications, pet care information, etc.):

