

Personal Information:

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: (____) ____ - _____

Health Card # _____

In case of Emergency (ICE):

Contact :

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: (____) ____ - _____ Relationship: _____

Cell : (____) ____ - _____

Work: (____) ____ - _____ Ext: _____

Doctor:

Name: _____

Phone #:(____) ____ - _____

Allergies to Medication:

Existing Medical Problems:

Heart:

- Angina
- CHF
- Heart Attack
- Implanted Defib
- High Blood Pressure
- Low Blood Pressure
- Pacemaker
- Stroke
- TIA's

Lungs:

- Asthma
- Emphysema
- Bronchitis

Medical History:

- Alzheimers
- Epilepsy
- Diabetes
- Aneurysm
- Hemophilia
- Controlled by: Diet Meds
- Anaemia
- Kidney

Disabilities or Other Considerations:



A Halton Region EMS Initiative

Other Medical History:

Insurance Carrier: _____
 Policy # _____
 Height: _____cm Weight: _____Kg

List All Current Medications:

Name of Drug	Dose	X's/day

This card should be kept up to date, and carried in your wallet at all times. This information is vital to medical professionals in the event that you require emergency medical treatment.

**Personal
Emergency
Information
Card**



9-1-1

Ambulance - Police - Fire

