

Voluntary Emergency Medical Information

The information is strictly confidential and is only read by medical or paramedical personnel in the event of an emergency. The information will be kept in a sealed envelope and returned to you upon request.

Please complete the form below and place in the envelope provided.

- On the front of the envelope, provide the name and number of your primary emergency contact person.
- Seal the envelope and sign your name across the seal.

NAME (as it appears on your health card): _____

Home Phone Number: _____ Date of Birth: _____

Health Card Number: _____

Insurance provider: _____ Certificate Number: _____

Family Doctor: _____ Phone Number: _____

In the event of an emergency, please notify

:
Name: _____ Relationship: _____

Phone Number: _____ Email address: _____

OR

Name: _____ Relationship: _____

Phone Number: _____ Email address: _____

Please list all allergies or sensitivities to drugs including anesthesia:

Please list all medication presently prescribed:

Please list all medical conditions and recent surgeries or procedures:

Please identify any other pertinent information such as past medical conditions or family medical history:

