

FOR EMERGENCY USE

*This is not intended to replace a POLST form (Do Not Resuscitate).
This is information for EMT Paramedics if you have an emergency in your home.
It can go with you to the hospital. Use the back if you need more space.*

NAME

ADDRESS

DATE OF BIRTH

DNR/POLST ON FILE Y/N? **POLST LOCATION**

MEDICATIONS	PRESCRIPTION NAMES & DOSAGES		

CURRENT MAJOR MEDICAL CONDITIONS e.g., Heart, Post-surgery, MS, Dementia

ALLERGIES (Meds)			

PREFERRED HOSPITAL **Med Record #:**

EMERGENCY CONTACTS	NAME	PHONE	RELATIONSHIP
1			
2			
3			