

LA MADERA FIRE & RESCUE

Sandoval County | District 4 | Station 49

Emergency Medical Information

Complete one sheet per person. Type into this PDF, save, and print, or fill it out by hand.

Keep a dated copy in a marked envelope on your refrigerator. Tell your household where it is.

Full name

Date of birth

Home address / unit

Phone

Date reviewed / updated

1 ALLERGIES AND IMPORTANT HEALTH INFORMATION

Allergies and reactions (include medicines, foods, latex; write "none known" if applicable)

Medical conditions, implanted devices, and other information responders should know

Communication, mobility, oxygen, or other support needs

2 CURRENT MEDICATIONS

Include prescriptions, over-the-counter medicines, and supplements. Attach an extra list if needed.

Medication / strength

Dose / how taken

Frequency

3 CONTACTS AND CARE DOCUMENTS

Emergency contact / relationship / phone

Additional contact or health care decision-maker / phone

Care documents / medical orders location: