



OFFICE OF THE SHERIFF OF CHESTER COUNTY, PA
 201 W. MARKET ST., SUITE 1201 WEST CHESTER, PA 19382-0991
 610-344-6851



EMERGENCY MEDICAL INFORMATION

ALWAYS KEEP INFORMATION UP TO DATE

Print and complete the Emergency Information Form for each person living in your home and tape it to the inside of your front door - especially if you live alone or have people in your home who are elderly, memory-impaired or need special assistance. this information will help first responders in case of an emergency.

Should you incur serious illness or injury, do you give permission to transport you to the nearest medical facility? Yes No

DETAILS	Name: _____ Date of Birth: _____ Home Address: _____ City: _____ State: _____ Zip: _____ Home Phone Number: _____ Cell Phone: _____ Email: _____
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Please provide details of the person that you would like us to contact in the event of an emergency:

EMERGENCY CONTACT # 1	Name: _____ Home Address: _____ City: _____ State: _____ Zip: _____ Home Phone Number: _____ Cell Phone: _____
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EMERGENCY CONTACT # 2	Name: _____ Home Address: _____ City: _____ State: _____ Zip: _____ Home Phone Number: _____ Cell Phone: _____
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Please provide details of the physician or health care provider that you would like us to contact in the event of an emergency:

MEDICAL CONTACT	Name: _____
	Home Address: _____
	City: _____ State: _____ Zip: _____
	Home Phone Number: _____ Cell Phone: _____

MEDICAL DATA	Last Updated	MONTH:		YEAR:	
	BLOOD TYPE				
	Medical Insurance				
	Med. Ins. Agency		Policy #		
	Other Med. Ins. Agency		Policy #		
	Medicaid #		Medicare #		

DERECTIVES	Religion		Health Care Proxy on file at:		
	Do you have an EMS-NO CPR Directive or a DNR form:			YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Where is it located?				

**Special Conditions/Remarks: Use pencil for ease in making changes.
Use the back of this sheet to list more information if needed.**

Medical Problems	Medication	Dosage	Frequency

RESENT SURGERIES/PROCEDURES

Date	SURGERY/PROCEDURES

