

ATTN: PARAMEDICS

**CRITICAL INFORMATION
AFTER DIALING**



9-1-1



Primary Dr. _____

Pharmacy _____

Allergies _____

Critical Meds _____

Medical Conditions _____

Health Insurance Co. _____

ID# _____

Church Office _____

Close Relative _____

Home # _____ Cell # _____

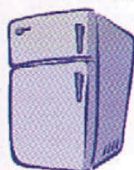
Birthday _____ / _____ / _____

Additional emergency contact numbers

Name Number

We have a DNR Yes No

**Medical information, fast — saves lives.
This brochure (filled out) could make
all the difference in the world.**



Place on Refrigerator



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