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Emergency Medical Information

Instructions: The following form provides emergency responders with critical information needed when providing care during a medical emergency.

Resident with preexisting conditions should consider completing this form and providing it to emergency responders upon their arrival.

Name: _____

Date of Birth: _____

Currently being treated for: _____

_____

Name of Primary Doctor: _____ Phone # _____

In Case of Emergency, Please Notify:

Name: _____

Cell Phone # _____

Medication	Daily Dosage

Allergies to Medications: _____