

# EMERGENCY INFO REFRIGERATOR CARD

Smithfield Police ..... 231-2500

Smithfield Fire & Rescue ..... 949-1233

Emergency ..... 911

Name \_\_\_\_\_

Date Card Completed: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (401) \_\_\_\_\_

Allergies to Meds: \_\_\_\_\_

Whom to contact, name & Phone #: \_\_\_\_\_

1. \_\_\_\_\_

Date of Birth: \_\_\_\_\_

2. \_\_\_\_\_

Social Security #: \_\_\_\_\_

3. \_\_\_\_\_

Medical History: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

Health Care Plan: \_\_\_\_\_

Medicare Plan #: \_\_\_\_\_

*(Over for Medications)*

# Medications

Current Medications

Dosage Strength

How Often Taken

When Taken

Current Medications	Dosage Strength	How Often Taken	When Taken
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Miscellaneous \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_