

Print this Emergency Medical Identification Card for each member of your family and keep in a baggie in the glove box of your vehicle for that unexpected emergency.

EMERGENCY MEDICAL IDENTIFICATION	
Medical I.D. For: _____	Medical Condition: _____
Address: _____	_____
City: _____ State: _____ Zip: _____	Current Medications: _____
In an emergency call: _____	_____
Phone #: _____	Dangerous Allergies: _____
Physician: _____	_____
Physician Phone #: _____	Pharmacy Phone #: _____
	Other Information: _____

Courtesy of the Indiana Four Wheel Drive Association www.IFWDA.org