

HEALTH EMERGENCY CARD

Place on your refrigerator



NAME: _____

ADDRESS: _____

TELEPHONE: _____

EMERGENCY CONTACT PERSON
& TELEPHONE NUMBER:

1

2

3

DOCTORS NAME & TELEPHONE
NUMBER: _____



BC MEDICAL NUMBER: _____

DATE OF BIRTH: _____

BLOOD TYPE: _____

ALLERGIES: _____

MAJOR ILLNESSES: _____

- HARD OF HEARING
- VISION IMPAIRED



ABBOTSFORD
POLICE DEPARTMENT

If you have an emergency, dial 911. If you have a non-emergency medical question, you can dial 811.

<u>Current Medications</u>	<u>Dosage Strength</u>	<u>How Often Taken</u>	<u>Prescription Date / Update</u>



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