

# EMERGENCY MEDICAL INFORMATION

**Northfield Township Fire Department**



Please place this form somewhere like on your Refrigerator or the inside of your bedroom door.  
Make sure to keep the information up to date!! Updated \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Phone Number \_\_\_\_\_

## Medical History:

List all of your medical history here:

- Cardiac \_\_\_\_\_
- Diabetes, Are you Insulin Dependant? Yes No
- High Blood Pressure
- Breathing Problems
- Asthma
- Stroke(s)
- Other, Please Specify:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Medications You Take:

List All Prescription Meds you currently take

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Any Known Allergies?  Yes  None Known

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

## Emergency Contact Information: People we could contact if needed.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Doctors Name: \_\_\_\_\_ Phone \_\_\_\_\_

Additional copies of this form are available on line at:

<http://twp-northfield.org/services/fire>