

Northern Virginia Jeepers Association

Emergency Medical Information

INFORMATION MUST BE KEPT CURRENT AND IN THE VEHICLE FOR EACH OCCUPANT

Name: _____

Emergency Contact: _____ Phone No: _____

Emergency Contact: _____ Phone No: _____

Doctor: _____ Phone No: _____

Medical Conditions: (please check or write in all that apply)

<input type="checkbox"/> Heart Trouble (MI/Angina)	<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Diabetic	<input type="checkbox"/> Asthma
<input type="checkbox"/> Seizures	<input type="checkbox"/> Eye Problems
<input type="checkbox"/> Communicable Disease(s)	

Allergies: (please check or write in all that apply)

<input type="checkbox"/> No Allergies to Medications	<input type="checkbox"/> Aspirin
<input type="checkbox"/> Penicillin	<input type="checkbox"/> Bee Stings
<input type="checkbox"/> Sulfa	<input type="checkbox"/> Seasonal Allergies (hay fever)

Medications: (please write in all medications that you are taking)

If you were to become injured or sick and were unable to speak what would you want first responders and the hospital to know about you, and any other special instructions:
