

EMERGENCY MEDICAL INFORMATION

Name: _____

DOB: _____

Medical Conditions: _____

Allergies: _____

Advanced Directive: Yes No

DNR/DNI: Yes No

Blood Thinner: Yes No

Full medication list kept at home. Last updated: _____

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ICE (In Case of Emergency)-

Name: _____

Phone: _____

Medical Power of Attorney-

Name: _____

Phone: _____

Primary Physician: _____

Insurance Provider: _____

Primary Pharmacy: _____

Additional Info: _____

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This card is a simple, powerful tool for reducing medical overwhelm and improving clear communication in emergencies.

Instructions and Helpful Tips:

- 1. Print this card out on bright, light-colored paper.** Yellow is ideal. Avoid red or dark colors – the writing may not be visible.
- 2. Fill this card out in pen.** Write clearly. Use block letters if handwriting is difficult to read.
- 3. Keep information short but accurate.** List only the most important medical conditions (e.g., COPD, CHF, Diabetes, Pacemaker, Joint Replacement)
- 4. You do NOT need to write your full medication list here.** Just check “blood thinner” if you take one. Keep your full medication list **at home** in an easily accessible place (fridge, cabinet door, or taped inside a kitchen cabinet).
- 5. Update this card every 6-12 months** or after any major medical change. Use the “Last Updated” line to remind yourself.
- 6. ICE Contact = your emergency person.** This should be someone who:
 - Answers their phone
 - Knows your medical wishes, and
 - Knows where your documents are kept.
- 7. Place this card in your wallet where it will be seen quickly.** Best spots:
 - Front of wallet
 - ID/Photo slot
 - Behind driver’s license
- 8. Print a second copy for your glove compartment** if you travel often.
- 9. If you have an Advanced Directive or MPOA paperwork,** store copies in an easy-to-find place at home and tell your ICE person where it is.
- 10. Make it more durable.** You can laminate the card or cover it with clear packing tape to protect it from wear.