MISSION FIRE/RESCUE SERVICE

Health Information Card

Name:	Date Card Completed:
Address:	Allergies:
Postal Code:	
Telephone:	Medical History:
Birth Date:	
Doctor:	
Doctor's Phone:	
Medical Number:	
Blood Type:	
Other Information:	

PLACE THIS CARD THIS SIDE OUT ON YOUR FRIDGE – **IN AN EMERGENCY CALL 911**

MEDICATIONS

Medication	Dosage/Strength	How often taken	Date noted

Emergency Contact Name: Phone:

Emergency Contact Name: Phone: