

Emergency Medical ID Kit



The Grant Park Police Department and Grant Park Fire Department are, as always, interested in your safety first. If a medical emergency occurs in your home, seconds may be precious! This Emergency Medical ID Kit is intended to provide Emergency Responders with the information they need to quickly treat a patient at the scene and transport the patient to the hospital for treatment. There should be one completed ID Kit for every potential patient in the home. Once fully completed, attach the ID Kit to your refrigerator where emergency responders can easily locate it. Store all your medications in one location and note that location on this form. Keep this form up to date by printing needed copies.

Last Name	First	Middle	Doctor		Pho	Phone #	
Address			Doctor		Phone #		
City	State	Zip Code	Emergency Contact		Phone #		
Phone	ss#	Gender M/F	Emergency Contact		Phone #		
Age	Birth Date	Blood Type	DNR? Yes / No	Living Will? Yes / No	Health Records At:		
Any Allergies to Medications, Foods, or stings?			Current Medi	cation	Dosage	Frequency	
Any Recent or Past	Surgeries? M	Ionth and Year?					
Medical Conditions	(Post and Present?)						
Insurance Compan	y Name	Policy Number					
1.)			Where	can medicatio	ons be found?		
2.)							

1.) Fill out form completely and keep updated.

2.) Affix to your refrigerator in plain view.