St. Augustine Beach Police Department

EMERGENCY INFORMATION CARD

DISPLAY THIS CARD ON THE FRONT OF YOUR REFRIGERATOR

NAME:

ADDRESS:

EMERGENCY CONTACTS AND PHONE NUMBERS:

1.

2.

3.

DOCTOR'S NAME AND PHONE NUMBER :

HEALTH INSURANCE/ INFORMATION:

PHONE NUMBER:

DATE OF BIRTH:

ALLERGIES TO MEDICATION:

MAJOR ILLNESSES:

DOCUMENTS ON FILE:

- ☐ LIVING WILL
- ☐ ORGAN DONOR
- ☐ DO NOT RESUSCITATE

CHURCH AND CLERY NAME AND PHONE NUMBER:

MEDICATIONS

UPDATED: _____ _____ _____

month/year month/year month/year

Current Medications	Condition Prescribed For	Dosage/ Strength	Daily Dosage	When Taken

Preferred Hospital:

Preferred/ Pre-arranged Funeral Home:

CHEKS Program: