

Courtesy of the Springfield First Aid Squad, 10 N. Trivett Ave., Springfield, NJ 07081

Please PRINT clearly then place this form in a plastic bag and attach to the front of your refrigerator. In the event EMS is called to your home & we are unable to get information from you, we always check the kitchen for medications.

Don't forget to u	pdate this form w	ith any changes!	Date of Last Update:		
First Name		Last Name		///	
Home Address		City		State	ZIP Code
Gender	Height	Weight	Blood Type		Primary Language
Primary Doctor & Phone Number			Emergency Contact & Phone Number		
you take blood pressur	e medicalion, list nigri b	ioou pressure/hypertension (even though your blood pressure is	TIOW HOTTIE	ar due to the medication.)
Food & Drug Allerg	jies				
Medications & Sup	plements (List all pres	cription and non-prescription	n medications and dietary suppleme	nts, along v	with the dosage & frequency.)

Please list any identifying marks and other additional information on reverse

- Use a pencil for easy updates Need help completing the form? Call 973-908-8EMS
- Include other important documents in your plastic bag (ECG/EKG, Living Will, POLST, etc.)
 - Make copies of this form and keep in your purse/wallet and car.
 - For additional copies of this form, visit www.SpringfieldFAS.org/FactsForLife