



Medical I.D. For: _____

Address: _____

City: _____ St: ___ Zip: _____

In Emergency Call: _____

Phone: _____

Physician: _____

Physician Phone: _____ Blood Type: _____

Medical Information

Medical Conditions: _____

Current Medications: _____

Dangerous Allergies: _____

Pharmacy: _____

Phone: _____

Courtesy of www.BlackDiabetic.org

Cut out this wallet size Medical Alert ID Card, fill out with black ballpoint pen, fold and place up front in your wallet (Paramedics are trained to check wallets first if they fail to see a Medical Alert Bracelet).