

Lavallette First Aid Squad Medical Information Card

Complete the information card below and keep on your refrigerator or other easily accessible location in case of an emergency.

First Name: Last Name: _____

Home Address: _____

Town State: _____

Phone Number: _____ Date of Birth: ____/____/____

Medical History: _____

Medications: _____

Allergies: _____

Doctor: _____

Hospital: _____

Emergency Contact _____

