BERKELEY FIRE DEPARTMENT



EMERGENCY MEDICAL SERVICES

BERKELEY FIRE

DEPARTMENT

EMERGENCY

INFORMATION CARD

Please:

- 1. Print (in color, if possible) and cut out one card for every one in your family.
- 2. Fill it out with information that could help the Berkeley Fire Department save your life in the event you are incapacitated or unconscious.

BERKELEY FIRE DEPARTMENT

EMERGENCY INFORMATION CARD

Name: Address:	Name: Address:
Phone Number:	Phone Number:
People to contact in an	People to contact in an
Emergency:	Emergency:
Our priority is you.	Our priority is you.
Medical History:	Medical History:
R R	R R
Current	Current
Medications:	Medications:
Our priority is you.	"Gur priority is you"
Allergies: BERKELEY	Allergies: BERKELEY
R R	- R
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Hospital Preference:	Hospital Preference:
USE OTHER SIDE FOR ADDITIONAL INFORMATION	USE OTHER SIDE FOR ADDITIONAL INFORMATION