



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: _____

Phone Number: _____
People to contact in an
Emergency: _____

Medical History: _____

Current
Medications: _____

Allergies: _____

Hospital Preference: _____

**USE OTHER SIDE FOR
ADDITIONAL INFORMATION**

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