OSAIC | ON SCENE AND IN CHARGE

Individual Emergency Medical Information

One form per person • Fill, print, and keep where responders can find it

Full legal name

Date of birth (MM/DD/YYYY)

Home address

Last updated (MM/DD/YYYY)

Medical history

List major diagnoses, surgeries, and implanted devices

Medical conditions / relevant history

Allergies

List substance and reaction; write "none known" only if confirmed

Medication, food, or other allergies and reactions

Current prescribed medications

Include name, strength, and when taken

MEDICATION	DOSE / STRENGTH	WHEN TAKEN

Usual care and preferred facility

Primary doctor / clinic

Doctor / clinic phone

Preferred hospital

Health plan / medical group (optional)

People to contact

Call 911 for a medical emergency

Contact 1: name and relationship

Phone number

Alternate phone

Contact 2: name and relationship

Phone number

Alternate phone