

Current Medications:

(include name and dosage)

Fill this part out in pencil and update as required.

Remember, when you require **immediate** Police, Ambulance, or Fire emergency services, call:



TO

- Report a fire
- Stop a crime
- Save a life

This card and 9-1-1 Call Answering service is provided to you by the
Mesilla Valley
Regional Dispatch Authority
www.MVRDA.org

**Personal
Emergency
Information Card**

MVRDA



Doña Ana County
New Mexico

**Police
Ambulance
Fire**

Personal Information:

Name: _____
Address: _____
Address: _____
Phone: _____
Insurance #: _____

**In Case of Emergency
Contact:**

Name: _____
Phone: _____
Phone: _____
Relationship: _____

Name: _____
Phone: _____
Phone: _____
Relationship: _____

Family Physician:

Name: _____
Phone: _____

Regular Pharmacy:

Name: _____
Phone: _____

This card should be kept up-to-date and carried in your wallet at all times. It contains information that medical professionals need to know in the event that you require emergency medical treatment.



Medical History:

(Hypertension, Diabetes, previous stroke, etc.)

Allergies:

