



Bloomingtondale Police Department
Medical Emergency Refrigerator Card
 Bloomingtondale Police Department: 973-838-0158
Emergency: 9-1-1



Name: _____

Home Phone: _____

Address: _____

Cell Phone: _____

Date of Birth: _____

Social Security Number: _____

Emergency Contacts:

1. Name: _____

Phone Number: _____

2. Name: _____

Phone Number: _____

3. Name: _____

Phone Number: _____

Allergies to Medications: _____

Medical History:

Doctors Name: _____

Phone Number: _____

Health Care Plan: _____

Medicare Plan Number: _____

Please Use Back of Form for Additional Medical Information

I have a DO-NOT-RESUSCITATE (DNR) form

Location of Form: _____

****Medications****

Current Medication

Dosage

Current Medication

Dosage

Date Completed:

****PLACE ON REFRIGERATOR IN CASE OF EMERGENCY****