



Kent County Sheriff Department - Lawrence A. Stelma, Sheriff

Residential Emergency Information Card

(For help in communicating vital information in an emergency situation)

DISPLAY THIS CARD ON THE THE FRONT OF YOUR REFRIGERATOR

Name

Your Telephone Number

Date Card Completed

Address

Date of Birth

Allergies to Medications

Emergency contacts and phone numbers

1)

2)

3)

Major Illnesses

Doctor's name and phone number

SERVICES YOU ARE CURRENTLY RECEIVING

Health Care Plan

Meals on Wheels

Home Health Care

Medicare Number

Phone # _____ Phone # _____

Other/phone number

KENT COUNTY SHERIFF DEPARTMENT- Lawrence A. Stelma, Sheriff

VEHICLE EMERGENCY INFORMATION CARD

(For help in communicating vital information in an emergency situation)

Driver #1

Driver #2

NAME	
DRIVER'S LICENSE NUMBER & STATE	
ADDRESS	
TELEPHONE NUMBER	
NATIVE LANGUAGE	
DATE OF BIRTH	
SEX	RACE
IN CASE OF EMERGENCY NOTIFY SHOW NAMES, RELATIONSHIPS, PHONES	
1)	
2)	
HEALTH INSURANCE POLICY/GROUP NUMBER	
HEALTH INSURANCE COMPANY NAME/PHONE	
CAR INSURANCE POLICY NUMBER	
CAR INSURANCE COMPANY NAME/PHONE	
DOCTOR'S NAME AND PHONE	
HOSPITAL PREFERENCE	
ALLERGIES TO MEDICATIONS	
MEDICAL CONDITIONS & MEDICATIONS	

NAME	
DRIVER'S LICENSE NUMBER & STATE	
ADDRESS	
TELEPHONE NUMBER	
NATIVE LANGUAGE	
DATE OF BIRTH	
SEX	RACE
IN CASE OF EMERGENCY NOTIFY SHOW NAMES, RELATIONSHIPS, PHONES	
1)	
2)	
HEALTH INSURANCE POLICY/GROUP NUMBER	
HEALTH INSURANCE COMPANY NAME/PHONE	
CAR INSURANCE POLICY NUMBER	
CAR INSURANCE COMPANY NAME/PHONE	
DOCTOR'S NAME AND PHONE	
HOSPITAL PREFERENCE	
ALLERGIES TO MEDICATIONS	
MEDICAL CONDITIONS & MEDICATIONS	

KEEP THIS CARD IN THE GLOVE COMPARTMENT OF YOUR VEHICLE
(COMPLETE THE REVERSE AND ATTACH ADDITIONAL SHEET IF NECESSARY)

POSSIBLE PASSENGER INFORMATION

(THIS SHOULD INCLUDE PERSONS/FAMILY MEMBERS WHO CURRENTLY TRAVEL WITH YOU)

PERSON #1

(CIRCLE ONE) ADULT CHILD MALE FEMALE

NAME

DATE OF BIRTH

ALLERGIES OR MEDICAL CONDITIONS

EMERGENCY CONTACT NAME AND PHONE NUMBER

DOCTOR'S NAME AND PHONE NUMBER

PERSON #2

(CIRCLE ONE) ADULT CHILD MALE FEMALE

NAME

DATE OF BIRTH

ALLERGIES OR MEDICAL CONDITIONS

EMERGENCY CONTACT NAME AND PHONE NUMBER

DOCTOR'S NAME AND PHONE NUMBER

PERSON #3

(CIRCLE ONE) ADULT CHILD MALE FEMALE

NAME

DATE OF BIRTH

ALLERGIES OR MEDICAL CONDITIONS

EMERGENCY CONTACT NAME AND PHONE NUMBER

DOCTOR'S NAME AND PHONE NUMBER

ADDITIONAL INFORMATION THAT MIGHT ASSIST MEDICAL PERSONNEL


