

My Family's Emergency Preparedness List

Before you leave for the emergency department, be sure you have the following:

- Medical insurance card**
- Identification card for patient and insurance policy holder**
- List of prescriptions, allergies, illnesses**
- Pad of paper and a pen, comfort items for patient**

If poison has been swallowed, immediately contact your local poison control center:

Local Poison Control Center Phone Number: () -

Additional important numbers:

Primary Care Physician:
Name: _____ Phone Number: () -

Primary Care Physician:
Name: _____ Phone Number: () -

Local Hospital/Emergency Department:
Hospital Name: _____ Address: _____

In the event of an emergency, please also notify: **

_____ at cell/home () -
_____ at cell/home () -
_____ at cell/home () -
_____ at cell/home () -
_____ at cell/home () -

** This information may be important for the emergency department medical staff so they know who to contact in the event the patient is unable to communicate.