**EMERGENCY MEDICAL INFORMATION CARD  
Oklahoma Southern Baptist Disaster Relief Volunteers**

We ask that each Oklahoma Southern Baptist Disaster Relief Volunteer carry an emergency medical information card when deployed. Having immediate access to emergency medical information can help first responders and physicians treat you promptly and correctly. Access to this information would be particularly important if you are unable to speak.  
  
Below is a form for you to use. It can be found at [www.okdisasterhelp.org](http://www.okdisasterhelp.org) The form has been prepared in Microsoft Word. Just save this document to your computer and enter your information. Cut out the form and keep it in your wallet.

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| Medical Emergency Information for:  Name:  Date of Birth:  Emergency contact name & phone no.:  Personal physician’s name & phone no.:  Insurance:  Blood type:  Allergies (food & drug, other):  Immunizations & dates received: | Medications and supplements (prescription and non-prescription)  Name Dosage Frequency | Medical conditions: (For example, history of heart trouble, high blood pressure, respiratory problems, diabetes)  Recent injury, hospitalization, or surgery.  Any other special medical information and anything else that might be pertinent if you are unable to speak: (For example, whether you wear a pace maker, hearing aids, contacts, or dentures; your organ donor preference, whether you have an advanced directive/living will). |

Include any information on the card that would be needed by first responders and physicians. If you  
are uncertain about what to include, ask your physician or pharmacist. Be sure to keep your emergency medical information card up-to-date.

For reasons of privacy, you are not expected to provide a copy of your emergency medical information card to your Blue Cap. However, you should tell your Blue Cap whether you are carrying an emergency medical information card, and, as always, tell your Blue Cap about any health or physical limitations to be considered in your work assignments.

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