

**COSTA MESA FIRE DEPT.
Emergency Information
Medical – Child/Youth**

KEEP INFORMATION UP TO DATE

Use pencil for ease in making changes.

Name _____ Sex: M F
Address _____
Soc Sec # _____ Date of Birth / /
School _____
Work _____ Phone # _____

EMERGENCY CONTACTS

Name _____ Home Phone # _____
Address _____
Relation _____ Work Phone # _____

OUT OF STATE CONTACT:

Name _____ Home Phone # _____
Address _____
Relation _____ Work Phone # _____

MEDICAL DATA

Last Updated: Mo. Yr. Blood Type:
Height: _____ Hair Color: _____
Weight: _____ Eye Color: _____
Distinguishing Marks: _____

Doctor _____ Phone # _____
Doctor _____ Phone # _____
Special Conditions/Remarks: _____

Medical Problems Medication Dosage Frequency

Recent Surgery: _____ Date: _____

Religion: _____
Living Will on file at _____
Health Care Proxy on file at _____
Do you have an EMS-NO CPR Directive or DNR form?
YES NO Where is it located? _____

ALLERGIES

() No Known Allergies
() Aspirin () Horse Serum () Penicillin
() Barbiturites () Insect Stings () Sulfa
() Codeine () Latex () Tetracycline
() Demerol () X-Rays Dyes () Lidocaine
() Morphine () Environmental () Novocaine
Other _____

**KEEP A CURRENT PHOTO WITH THE
COPY OF THIS INFORMATION THAT IS IN
YOUR *Grab and Go Bag*.**

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