

EMERGENCY MEDICAL FORM FOR CONGREGATION TORAH OHR

It is requested that each *Shul* member fill out the form below. Separate forms should be filled out by each spouse. The purpose of the form is to gather information to protect YOU in the event, G-d forbid, of a medical emergency. The Emergency Medical personnel require this information so that each person is treated quickly and appropriately. We urge all men to keep a current copy of this form in their *Tallit* bag(s), and women to keep copies in their *Shabbat* purses. Also, please return a copy to the *Shul* where it will be filed in a confidential manner and only retrieved if and when necessary. The *Shul* will keep this information readily accessible, even on *Shabbat* or *Yom Tov*.

DATE: _____

Last Name: _____ First Name: _____

Local Address: _____

DATE OF BIRTH: _____ BLOOD TYPE: _____

Local Doctor's Name: _____

Doctor's Address: _____

Doctor's Phone: _____

Emergency Contact #1 Name: _____

Address and Phone: _____

Relationship: _____

Emergency Contact #2 Name: _____

Address and Phone: _____

Relationship: _____

Medical Insurance Name & Policy Numbers: _____

_____ MEDICARE NUMBER: _____

Medical Condition(s): _____

Allergies: _____

Current Medications: _____