



**EMERGENCY MEDICAL IDENTIFICATION**

Medical I.D. For: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_ Zip: \_\_\_\_\_

In Emergency Call: \_\_\_\_\_

Phone: \_\_\_\_\_

Physician: \_\_\_\_\_

Physician Phone: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Courtesy of GCG In Home Care, (803) 937-1923

**Medical Information**

Medical Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Dangerous Allergies: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

Phone: \_\_\_\_\_

Visit us on the web at [www.gcgstaffing.com](http://www.gcgstaffing.com)

Courtesy of GCG In Home Care, (803) 937-1923

Cut out this wallet size Medical Alert ID Card, fill out with black ballpoint pen, fold and place up front in your wallet (Paramedics are trained to check wallets first if they fail to see a Medical Alert Bracelet).