



**SHERIFF SCOTT ISRAEL**



**In Case of  
EMERGENCY**

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

 **Contact Name:** \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

**Health Problems/Medical Conditions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Allergies:** \_\_\_\_\_

**Primary Care Doctor:** \_\_\_\_\_

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

**Preferred Hospital:** \_\_\_\_\_

**Organ Donor:**     Yes     No    **Blood Type:** \_\_\_\_\_