



# Boise Fire Department

Show your love for your family. Check your alarms.



## REFRIGERATOR CARD

Complete this card and hang on your refrigerator for Medics to see in case of emergency.

Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Emergency Contact and Phone Numbers:

1. \_\_\_\_\_

2. \_\_\_\_\_

Primary Physicians: \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_

Hospital Preferences: \_\_\_\_\_

Date Card Completed: \_\_\_\_\_

Telephone: \_\_\_\_\_

Allergies to Medicines: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Resuscitate?  Yes  No Where is your "Do Not Resuscitate" (DNR) Located? \_\_\_\_\_

Turn Card Over for Medication List 

**CURRENT MEDICATIONS****REASONS FOR TAKING**

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Special Instructions: