Copy and create a separate page for each family member containing the following information

Emergency Medical Information

paste current photo here

Name _____

Address _____

Home Phone _____ Work _____ Cell _____

Physician's Name _____

Physician Contact Information _____

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Pharmacy Contact Information _____

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Medical History Information _____

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Drug Allergies _____

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Medications

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Immunization Record

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This page can be downloaded from the City's web site at *www.brecksville.oh.us/departments/fire*