

FAACT's Disaster Resource Center

Emergency Health & Allergy Profile

Emergency Health HOUSEHOLD OVER	and Allergy Profile for the		Household
HOUSEHOLD OVER	ZAIEW		
Last Name(s):			
Primary Emergenc	y Contact:		
	[Name and Phone Number]	
Family Physician: _			
	[Physician's Full Name]		[Phone Number]
Family Pediatrician	n:		
	[Physician's Full Name]		[Phone Number]
Preferred Emerger	ncy Facility:		
	[1	Hospital/Clinic Name]	
Health Insurance:			
ADULTS	Policy # [Policy Number]	[Insurance Provider N	Name]
Medical Condition	s:		
[List Conditions] Medications:			
[List Modications an	ad Docagosi		
[List Medications an Special Notes:	iu Dosagesj		
[Any Additional Info	ormation]		



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Emergency Health & Allergy Profile (page 2)

Adult Na	nme:		
Age:	Date of Birth:	Relationship to Family:	
Food All	ergies:		
Medical	Conditions:		
[List Con	ditions]		
Medicat			
[List Med	lications and Dosages]		
Special I	Notes:		
[Any Add	litional Information]		
CHILDRI	EN		
Child #1:			
Age:	Date of Birth:		
Food All	ergies:		
Modical	Conditions		
	Conditions.		
[List Con	ditions]		
Medicat	ions:		
	lications and Decages		
	lications and Dosages]		
opecial i	votes:		
[Any Add	litional Information]		



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Emergency Health & Allergy Profile (page 3)

Child #2:	
Age: Date of Birth:	
Food Allergies:	
Medical Conditions:	
[List Conditions]	
Medications:	
[List Medications and Dosages]	
Special Notes:	
[Any Additional Information]	
Child #3:	
Age: Date of Birth:	
Food Allergies:	
Medical Conditions:	
[List Conditions]	
Medications:	
[List Medications and Dosages]	
Special Notes:	
•	
[Any Additional Information]	