

Emergency Contacts

Name _____

Phone _____

Name _____

Phone _____

Health care agent name _____

Address _____

Phone _____

Important Notice to Emergency Medical Personnel

I _____ DOB _____
have an **Advance Health Care Directive**. In case of
emergency, please consult this document or contact my
health care agent named on the other side of this card.
My document is located at _____

I also have a **Vial of Life** containing my emergency
medical information. It is located at _____
