

# Family Emergency Health Information Sheet

Create a family emergency health plan using this information. Fill in information for each family member in the space provided. Put form in your Emergency Kit.

Family Member	Medical Conditions	Current Medications	Blood Type

## Emergency Contacts

<b>CONTACTS</b>	<b>NAME/PHONE NUMBER</b>
Local Emergency Contact:	
Out-of-town Emergency Contact:	
Preferred Hospital:	
Family physician(s) or Health Care Clinic:	
<b>BLOOMINGTON PUBLIC HEALTH</b>	1900 W. Old Shakopee Road, Bloomington, MN 55431 952-563-8900 • <a href="http://www.ci.bloomington.mn.us">www.ci.bloomington.mn.us</a>
<b>MINNESOTA DEPARTMENT OF HEALTH</b>	651-201-5000 <a href="http://www.health.state.mn.us">www.health.state.mn.us</a>
Employer Contact Information:	
School Contact information:	
Dentist or Dental Clinic:	
Veterinarian:	

## Insurance Information

Health Insurance Company:	
Group #	ID #
Medicare #	Medicaid#
Dental Insurance:	
Group #	ID#
Other:	