Date Completed	
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EMERGENCY INFORMATION

Name:	SS#:	DOB:	
Emergency Contacts			
Family Contact - Name:	Home Phone:	Work Phone:	
		Relationship:	
		Work Phone:	
		lationship:	
	Home Phone: Work Phone:		
		thedral: 563-324-3257; Diocese: 563-888-4363	
	acon David Montgomery, 563-888-4222		
Medical Data	acon David Hongomery, coo ooo 1222		
	Year: Blood Typ		
	Phone:		
Other Physicians – Name:	Phone:	Specialty:	
Name:	Phone:	Specialty:	
Special Medical Conditions/Rea	<u>marks</u>		
Medication Dosage	Frequency Medication	Dosage Frequency	
Medication Allergies:			
	Policy Number:		
Other Med. Ins. Company:	Policy Number:		
Medicaid Number:	Medicare Num	ber:	
Living Will on file at:			
		On File At:	
Organ Donor: YES N	0		
Medical Conditions - Check Al	<u>l That Exist</u>		
No known medical conditions	Abnormal EKG	Adrenal Insufficiency	
Angina	Asthma	Bleeding Disorder	
Cardiac Dysrhythmia Coronary Bypass Graft	Cataracts	Clotting Disorder Diabetes/Insulin Dependent	
Eye Surgery	Glaucoma	Hearing Impaired	
Hemodialysis	Hemolytic Anemia	Hypertension	
Hypoglycemia	Laryngectomy	Leukemia	
Lymphomas	Malignant Hypothermia	Memory Impaired	
Myasthenia Gravis	Pacemaker	Renal Failure	

(Return original to Office of the Bishop, give a copy to your Dean and to your parish contact person, and keep a personal copy where it can be easily accessed.)