

Date _____

(Update the Date whenever any information is changed)

Please fill in information in pencil to facilitate updates as information changes. Include Area Codes with all phone numbers. Update every 6 months at time change.

Emergency Contact Information

Name _____

Address _____

City/St/Zip _____

Home Ph. (____) _____

Cell Ph. (____) _____

Work Ph. (____) _____

Name _____

Address _____

City/St/Zip _____

Home Ph. (____) _____

Cell Ph. (____) _____

Work Ph. (____) _____

Medications (Generic Name)

Hospital Preference

(Does not guarantee transport to Hospital Preference)

Blood Type _____

Medical Conditions/Recent Surgeries

(Check All That Apply)

NO KNOWN MEDICAL CONDITIONS

- Abnormal EKG
- Adrenal Insufficiency
- Angina
- Asthma
- Bleeding Disorder
- Cancer: Type _____
- Cardiac Dysrhythmia
- Clotting Disorder
- Coronary Bypass Graft
- COPD/Emphysema
- Dementia / Alzheimer's
- Diabetes/Insulin Dependent
- Eye Surgery
- Fractures
- Glaucoma
- Heart Attack
- Hearing Impaired
- Heart Valve Prosthesis
- Hemodialysis
- Hemolytic Anemia
- Hepatitis
- High Blood Pressure
- HIV/AIDS
- Hypertension
- Hypoglycemia
- Internal Defibrillator
- Kidney Problems
- Laryngectomy
- Leukemia
- Lymphomas
- Malignant Hyperthermia
- Myasthenia Gravis
- Pacemaker
- Pregnant:Date Due _____
- Renal Failure
- Seizure Disorder
- Sickle Cell Anemia
- Stroke
- Vision Impaired
- Other: List Below

Allergies: (Check All That Apply)

- NO KNOWN ALLERGIES
- LATEX
- Aspirin
- Barbiturates
- Codeine
- Demorol
- Insect Stings
- Lidocaine
- Morphine
- Novocaine
- Penicillin
- Sulfa
- Tetracycline
- X-Ray Dyes
- Xylocaine
- Other: List

YELLOW DOT PARTICIPANT

Name _____

Address _____

City _____ State _____ Zip _____

Emergency Contact _____

Phone _____

Vehicle Make _____ Model _____

Plate Type _____ Number _____

VEHICLE COLOR _____

YELLOW DOT PARTICIPANT

Name _____

Address _____

City _____ State _____ Zip _____

Emergency Contact _____

Phone _____

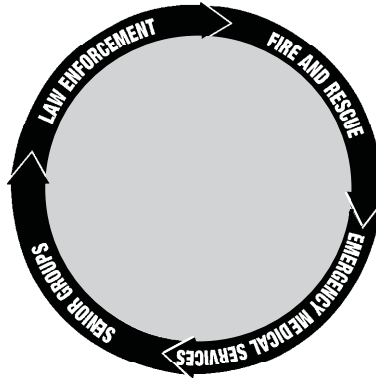
Vehicle Make _____ Model _____

Plate Type _____ Number _____

VEHICLE COLOR _____

Yellow Dot Participant

Yellow Dot Participant



Personal Information

Name _____ Age _____

Address _____

City/St/Zip _____

Home Ph. (____) _____

Cell Ph. (____) _____

Physicians

Name _____

City/State _____

Office Ph. (____) _____

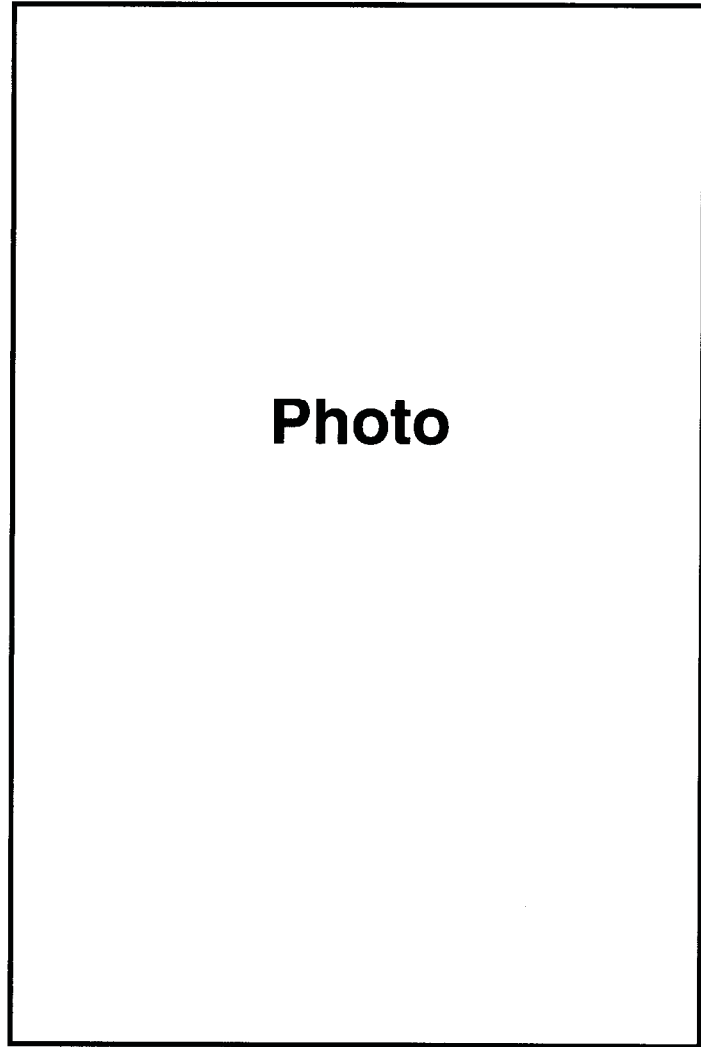
Name _____

City/State _____

Office Ph. (____) _____

The Cumberland County YELLOW DOT Pilot PROGRAM has been made possible by a generous donation from the Town of Gorham

www.yellowdotme.org



Photo

Please Note: The Yellow Dot Program acts as facilitator only. All information contained herein is supplied by and is the sole responsibility of the participating person listed.

Participant's Name

(See back panel for Personal Information, see inside for Contacts, Medical Information & Medications)