



Senior Citizen Emergency Medical ID Kit



Dear Senior Citizen,

The Lowell Police Department and Lowell Senior Center are, as always, interested in your safety first. If a medical emergency occurs in your home, seconds may be precious! This Emergency Medical ID Kit is intended to provide Emergency Responders with the information they need to quickly treat a patient at the scene and transport the patient to the hospital for treatment. There should be one completed ID Kit for every potential patient in the home. Once fully completed, attach the ID Kit to your refrigerator where emergency responders can easily locate it. Store all your medications in one location and note that location on this form. Keep this form up to date by printing needed copies from www.LowellPolice.com.

Paul G. Corcoran – Lowell Police Safety Officer

Last Name	First	Middle	Doctor		Phone #
Address			Doctor		Phone #
City	State	Zip Code	Emergency Contact		Phone #
Phone	SS#	Gender M / F	Emergency Contact		Phone #
Age	Birth Date	Blood Type	DNR? Yes / No	Living Will? Yes / No	Health Records At:
Any Allergies to Medications, Foods, or Stings? _____ _____ _____ _____			Current Medication Dosage Frequency		
Any Recent or Past Surgeries?			_____		
Month and Year?			_____		
Medical Conditions (Past and Present?) _____ _____ _____ _____			_____		
Insurance Company Name		Policy Number	_____		
1.) _____			Where can medications be found? _____ _____		
2.) _____					

1.) Fill out form completely and keep updated.

2.) Affix to your refrigerator in plain view.