

# What Your Spouse Should Know if *Something* Happens to You

## MEDICAL INFORMATION

### Emergency Contact(s)

Name One \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Phone 1 \_\_\_\_\_ Alternate Phone 2 \_\_\_\_\_

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Name Two \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Phone 1 \_\_\_\_\_ Alternate Phone 2 \_\_\_\_\_

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Name Three \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Phone 1 \_\_\_\_\_ Alternate Phone 2 \_\_\_\_\_

### Allergies

Drug Name \_\_\_\_\_

Reaction \_\_\_\_\_

Drug Name \_\_\_\_\_

Reaction \_\_\_\_\_

Drug Name \_\_\_\_\_

Reaction \_\_\_\_\_

Drug Name \_\_\_\_\_

Reaction \_\_\_\_\_