Emergency Information Form

PERSONAL INFORMATION			
Legal Full Name			
BC Health Card #:		Date of Birth:	
Address:			
Home Number:		Cell Number:	

Are you an organ donor registered with BC Transplant? ☐ YES: ☐ NO:

My faith/religion may affect my medical decisions: ☐ YES: ☐ NO:

Is there anything first responders need to know about your household if you are taken to hospital?
For example, do you have dependents? If so, who can be contacted to take care of them?
Please provide details:

EMERGENCY CONTACTS

I have a Representation Agreement that designates a decision maker: ☐ YES ☐ NO

MY REPRESENTATIVE and/or emergency contacts are:

Name	Phone	Relationship

*(If you do not have a Representation Agreement, please review the information about **Temporary Substitute Decision Makers** and complete the Temporary Substitute Decision Makers form.)*

Are you an organ donor registered with BC Transplant? ☐ YES: ☐ NO:

My faith/religion may affect my medical decisions: ☐ YES: ☐ NO:

Is there anything first responders need to know about your household if you are taken to hospital?
For example, do you have dependents? If so, who can be contacted to take care of them?
Please provide details:

HEALTH CARE PROVIDERS	
Family Doctor: _____ Specialist Doctor	Name: _____ Phone: _____ Name: _____ Phone:
HEALTH INFORMATION	
ALLERGIES:	
MEDICATIONS *(list name and dosage, or ask pharmacist for an updated list to attach to this form)*	