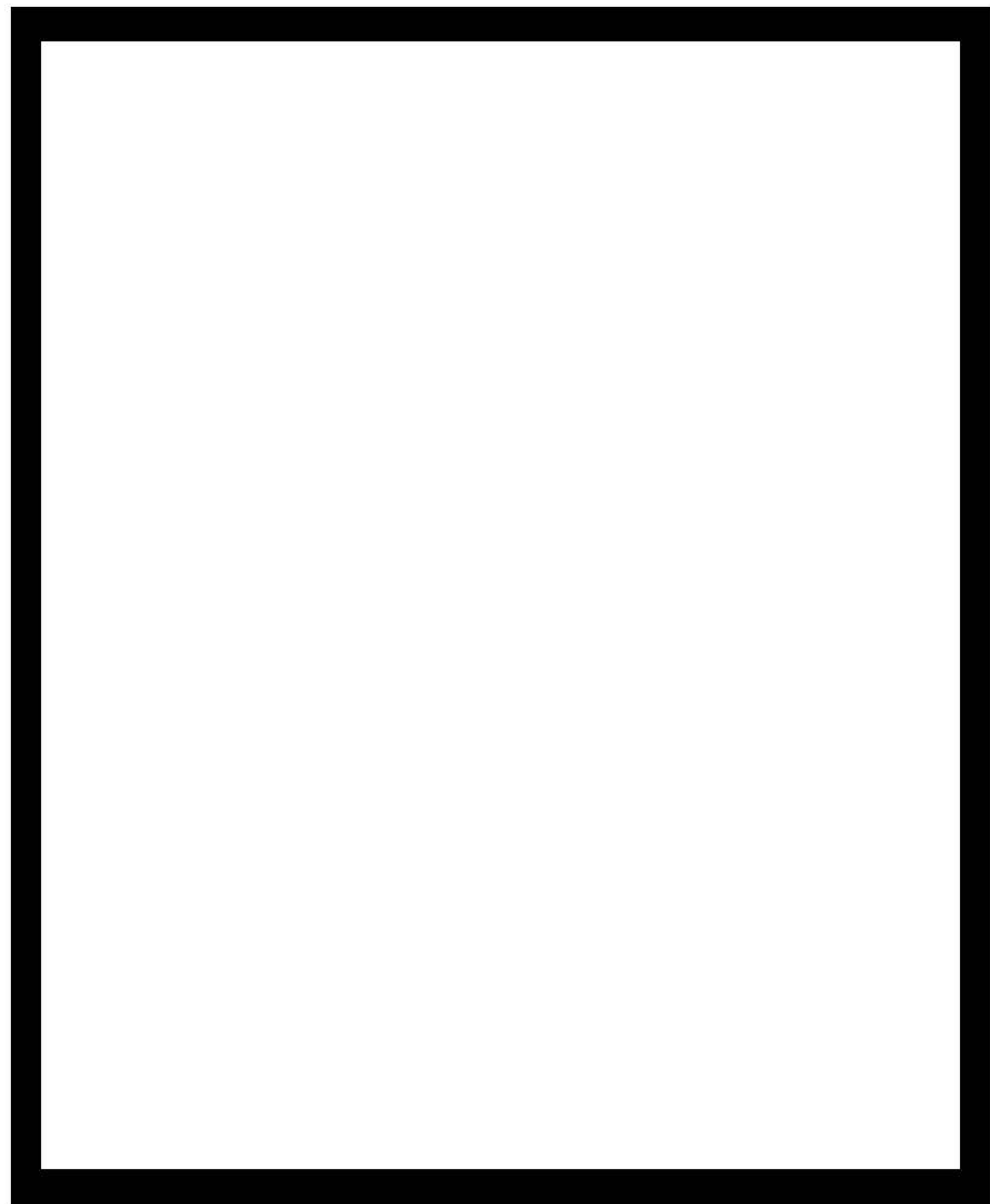


(NAME)

---

---

■ M    ■ F



(IMAGE OF FACE)

# INSTRUCTIONS

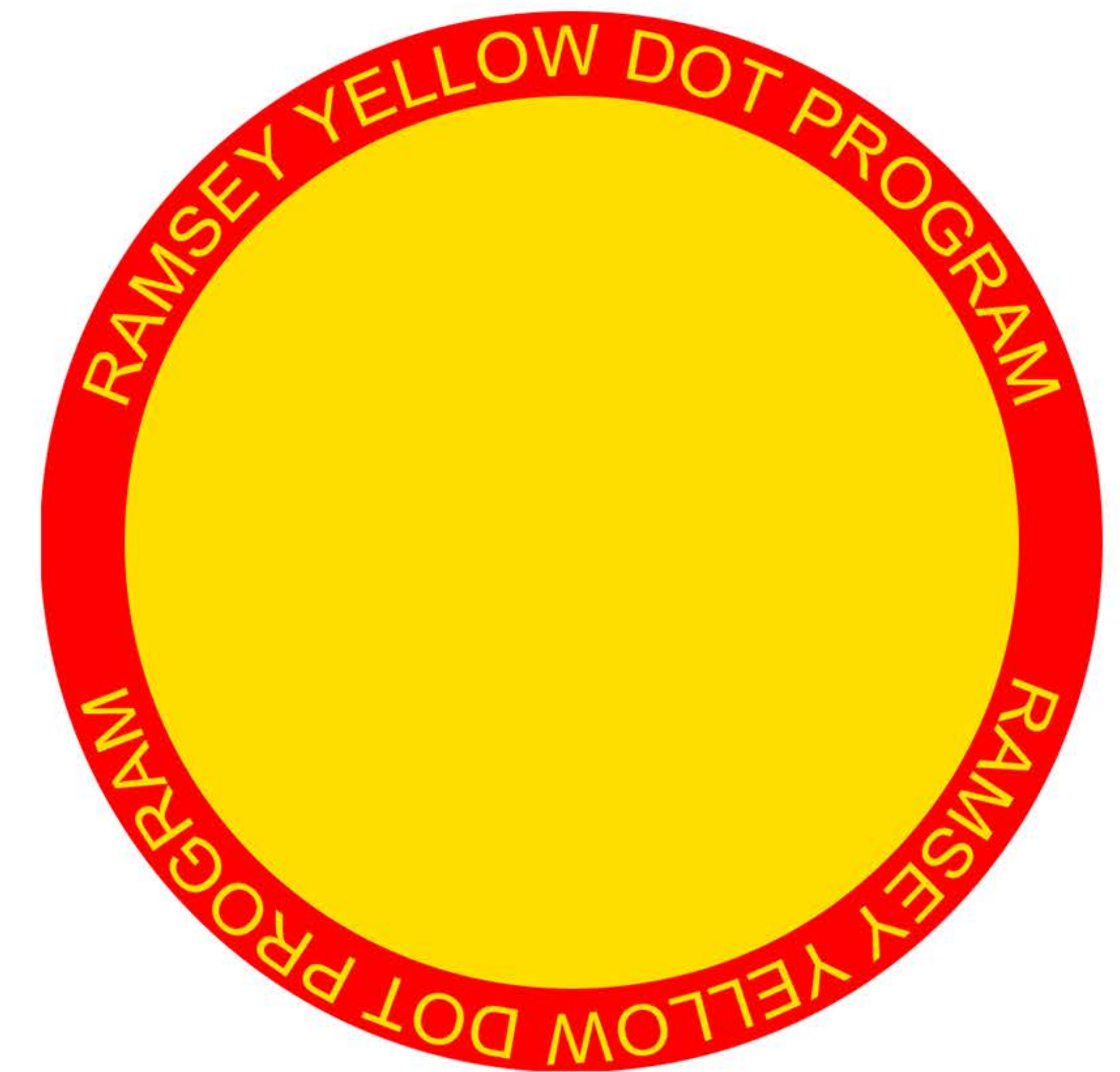
THE YELLOW DOT WILL ASSIST EMERGENCY RESPONDERS IN PROVIDING PROMPT CARE IN CASE OF AN ACCIDENT.

PLACE YELLOW DOT DECAL ON BUMPER OF CAR.

FILL OUT INFORMATION SHEET AND PLACE IN GLOVE COMPARTMENT OF CAR. RENEW INFO ANNUALLY.

THE YELLOW DOT TAKES NO RESPONSIBILITY FOR THE INFORMATION ENCLOSED AND ACTS AS A FACILITATOR ONLY.

# RAMSEY YELLOW DOT PROGRAM



(NAME)

---

MEDICAL INFO  
ENCLOSED

NAME \_\_\_\_\_

BIRTH YEAR \_\_\_\_\_

PHYSICIAN'S  
NAME \_\_\_\_\_

PHYSICIAN'S  
PHONE \_\_\_\_\_

EMERGENCY  
CONTACT # \_\_\_\_\_

LIST MEDICAL  
CONDITIONS/ALLERGIES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EMERGENCY CONTACTS

CONTACT NAME \_\_\_\_\_

\_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBERS

CELL \_\_\_\_\_

HOME \_\_\_\_\_

WORK \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

\_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBERS

CELL \_\_\_\_\_

HOME \_\_\_\_\_

WORK \_\_\_\_\_

### MEDICATIONS (NAME/DOSAGE)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PREFERRED HOSPITAL

\_\_\_\_\_

BLOOD TYPE \_\_\_\_\_

RECENT SURGERIES  
(W/ DATE)

\_\_\_\_\_

OTHER INFORMATION

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_