

Fill Out Form

Place on
Refrigerator



Or in Highly
Visible Area



BEVERLY HILLS FIRE
DEPARTMENT

445 N. Rexford Dr. Beverly Hills, CA 90210



Emergency Medical Information Form



During a medical emergency this information may be used by Emergency Responders to more accurately provide important information to Doctors and Nurses. Please update this form as medical conditions, allergies, and/or medications change.



This form last updated on: _____

First Name: _____

Last Name: _____

Date of Birth (Month/Day /Year): _____

Medical History (ex: Diabetes)

Current Medications:

In Case of Emergency, Contact (Name, Phone Number, Relationship): _____

This confidential information is intended specifically for use during an emergency by primary caregivers and Beverly Hills first responders. The City of Beverly Hills and Beverly Hills Fire Department are not responsible for the accuracy of the information. This information should be regularly updated by the patient.

For questions regarding completing and or posting the Emergency Medical Information Form, please contact the Beverly Hills Fire Department at (310) 281-2700, M-F, 8AM – 5PM.