



EMC *Emergency Medical Card*

Proudly Serving Linn County & The Communities of Midway & Toddville

Complete card and print, and keep in a easily accessible place

Name: _____ ***Age:*** _____

Emergency Contact: _____

Hospital Preference: _____ ***Regular Doctor:*** _____

Past Medical History: _____

Allergies: _____

Current Medications & Supplements: _____
