First Aid Alert Sheet

Wyandot County Council On Aging | 127 S. Sandusky Ave., Upper Sandusky OH 43351 | 419-294-5733

Name: _____ Birth Date: _____

Full Address: _____

_____

Phone #: _____

Sex: ☐ Male ☐ Female Blood Type (if known): _____

EMERGENCY CONTACTS

Name: _____ Name: _____

Phone #: _____ Phone #: _____

MEDICATIONS

(optional)

☐ Coumadin ☐ Nitro Tabs ☐ Plavix ☐ Other

Primary Physician Name: _____

Phone #: _____

SPECIFIC CONDITIONS

(optional)

☐ Asthma ☐ Allergies _____

☐ Bleeding Disorder ☐ Blood Pressure ☐ Diabetes

☐ Heart/Pacemaker ☐ Seizures ☐ Stroke

☐ Other _____

911 will be called on your behalf if an emergency condition should occur and further assistance is needed.

Signature: _____ Date: _____

**This form is effective for 1 calendar year.*