

MEDICAL INFORMATION EXCHANGE – VOLUNTARY WALLET FORM

Emergency Medical Disclosure for First Responders

PERSONAL & MEDICAL INFORMATION

Full Name: _____
Date of Birth: _____
Primary Diagnosis: _____
Secondary Conditions: _____
Current Medications: _____

EMERGENCY CONTACT

Name: _____
Relationship: _____
Phone Number: _____

CRITICAL RESPONSE CONSIDERATIONS

- Seizure Disorder
- Traumatic Brain Injury (TBI)
- Stroke History
- Diabetes
- Dementia
- Autism Spectrum Disorder
- Communication Impairment
- Sensory Sensitivity
- Psychiatric Medication Use
- Implantable Medical Device

WHERE TO LOCATE MEDICAL INFORMATION ON THE PERSON

- Medical ID bracelet or necklace
- Phone lock screen emergency medical profile
- Wallet medical information card
- Driver's license medical indication
- Implantable device identification card
- Seizure alert watch or glucose monitor
- Caregiver companion card or badge

VOLUNTARY DISCLOSURE & CONSENT

I voluntarily provide this medical information for emergency and first responder use. This information may be used solely for medical assessment and emergency care purposes.

Signature: _____ Date: _____

DISCLAIMER: This form is voluntary and intended for emergency reference only. It does not replace formal medical records, EMS protocol, hospital assessment, or departmental policy. Always defer to licensed medical professionals for diagnosis and treatment.

Medical First. Not Criminal First.

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