

MEDICAL ALERT INFORMATION

NAME:

ADDRESS:

POSTCODE: BLOOD GROUP IF KNOWN.....

DOB:..... NHS No.....

PHONE MOB: HOME.....

NOTIFY IN EMERGENCY

NAME:..... RELATIONSHIP.....

NAME:..... RELATIONSHIP.....

CONTACT DETAILS:.....

OTHER INFO:

KEY INFORMATION:

MEDICAL CONDITION 1.....

MEDICAL CONDITION 2.....

MEDICAL CONDITION 3.....

MEDICAL CONDITION 4.....

OTHER CONDITION/ISSUES.....

MEDICATIONS:

.....

.....

ALLERGIES:.....

.....

GP DETAILS:.....

I AM ON THE AUTISTIC SPECTRUM

I HAVE DIFFERENCES WITH :

.....

.....

.....

I NEED YOU TO KNOW THAT:.....

1.....

2.....

3.....

4.....

ANYTHING ELSE?.....

.....

TO NOTE

All basic key medical information will be on NHS digital records.

This emergency measure alert card can be printed but ideally keep this on your 'phone as well.

Blood types are always checked at the hospital. If you know you have a rare type please add in other conditions/issues.

If you are not a formal carer but still a carer this might be useful for you to keep as well.

Attach your latest prescription and dosage of medications if possible to this card