



# HELP US HELP YOU!

## PERSONAL EMERGENCY INFORMATION CARD

### Niagara Health System

As part of Emergency Preparedness Week, we are providing a wallet personal health information card for people to fill out and carry with them. The goal of the card is help our community be prepared in a health emergency.

Many times people are unable to communicate when they come into our care. Filling out a Personal Emergency Information Card will help Emergency Responders and hospital personnel to ensure your treatment is appropriate and respects your wishes.

Ensure your family members and care givers know where you keep your card and the information it contains to make certain your information can be provided in emergency situations.

Be sure to update your card any time your information changes.

#### For additional copies or more information contact:

Emergency Management Specialist  
Niagara Health System, 905-378-4647 ext 44235

## KNOW YOUR OPTIONS FOR EMERGENCY AND URGENT CARE SERVICES IN NIAGARA

### MinutesCount.ca



### NHS EMERGENCY DEPARTMENT & URGENT CARE CENTRES

#### NHS EMERGENCY DEPARTMENTS Open 24/7

**Greater Niagara General Site**  
5546 Portage Road, Niagara Falls

**Welland Site**  
65 Third Street, Welland

**St. Catharines Site**  
1200 Fourth Avenue, St. Catharines

#### NHS URGENT CARE SERVICES Open 24/7

**Douglas Memorial Site**  
230 Bertie Street, Fort Erie

**Port Colborne Site**  
260 Sugarloaf Street, Port Colborne

**St. Catharines Site**  
1200 Fourth Avenue, St. Catharines

**For more Information**

#### Main NHS Switchboard

905-378-4647

Fill out the form below, cut along the dotted line, fold it and keep it in your wallet!



### PERSONAL EMERGENCY INFORMATION CARD



First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Health Card #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Phone #: \_\_\_\_\_

Person to be notified: \_\_\_\_\_

Phone #: \_\_\_\_\_

Advanced Directives / Living will: Yes / No

If you answered yes, please list on back under "Other"

Power of Attorney: \_\_\_\_\_



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KNOW YOUR OPTIONS FOR EMERGENCY AND URGENT CARE SERVICES IN NIAGARA



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Circle Yes or No  
Allergies: Yes / No Medications: Yes / No Religious Considerations: Yes / No  
Allergies: Yes / No Medications: Yes / No Religious Considerations: Yes / No If you answered yes please list below



Other: \_\_\_\_\_  
Medications (Name & Dosage): \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Pharmacy Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Religious Considerations: \_\_\_\_\_