



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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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



Religious Considerations: _____

Pharmacy Name: _____

Phone #: _____

Allergies: _____

Medications (Name & Dosage): _____

Other: _____