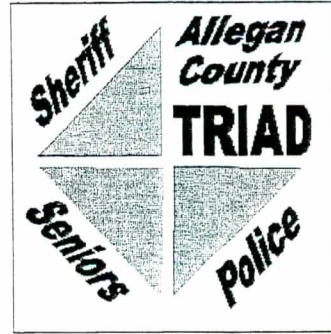


EMERGENCY INFORMATION

NAME: _____
ADDRESS: _____
HOME TELEPHONE: _____
DATE OF BIRTH: _____
DOCTOR'S NAME: _____
DOCTOR'S PHONE: _____
ALLERGIC TO: _____



EMERGENCY CONTACTS AND PHONE NUMBERS:

- 1. _____ PHONE: _____
- 2. _____ PHONE: _____
- 3. _____ PHONE: _____

DATE THIS FORM WAS COMPLETED: _____

MAJOR MEDICAL CONDITIONS: _____

CURRENT MEDICATIONS	DOSAGE STRENGTH	HOW OFTEN TAKEN	WHEN TAKEN

(List additional medications on the back of this sheet)

For questions, comments, or more forms contact:

Allegan County Sheriff's Office
112 Walnut Street
Allegan, MI 49010
269 673-0500

TRIAD IS "SENIORS AND LAW ENFORCEMENT WORKING TOGETHER"