



# EZ ID



## — Vital Information Form —

### Medical ID Safety Program

**\*\*Note\*\*** Safe Surfin' Foundation and Moose International respect your family's privacy. This confidential information is not saved or recorded in any way. This form is returned to you and should be stored in a safe place or disposed of properly (i.e., shredded).

*Please PRINT all information clearly*

Subject's FIRST NAME: \_\_\_\_\_ Subject's MIDDLE NAME: \_\_\_\_\_

Subject's LAST NAME: \_\_\_\_\_ Subject's NICKNAME: \_\_\_\_\_

SUFFIX: \_\_\_\_\_ SPOUSE/CAREGIVER'S NAME: \_\_\_\_\_

GENDER: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

GLASSES: \_\_\_\_\_ RACE: \_\_\_\_\_ BLOOD TYPE: \_\_\_\_\_ DOB (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

ANY DISTINGUISHING MARKS: \_\_\_\_\_

MEDICAL INFORMATION: \_\_\_\_\_

\_\_\_\_\_

ALLERGIES AND/OR OTHER VITAL INFORMATION: \_\_\_\_\_

\_\_\_\_\_

PRIMARY PHONE #: \_\_\_\_\_ ALTERNATE PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ LOCATION: \_\_\_\_\_

— continued on next page —

EMERGENCY CONTACT	RELATIONSHIP	PHONE #

*\*First 3 print on photo ID card*

PHYSICIAN	OFFICE LOCATION	PHONE #

*\*First 2 print on photo ID card*

MEDICATION	DOSAGE	FREQUENCY

*\*First 5 print on photo ID card*



***SafeSurfin.org***

Safe Surfin' Foundation is a registered 501(c)(3) nonprofit organization founded in 1998