

**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

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