IN CASE OF EMERGENCY DIAL 911

Place on your refrigerator or another obvious location to present in case of emergency.

Name: _____ Date of last update: _____

Date of Birth: _____ Emergency Contact: _____

Medical History: _____ Emergency Contact Phone: _____

Allergies to Medications:

Medications:

PLEASE PRINT CLEARLY

Damascus Township Volunteer Ambulance Corps, Inc
PO Box 63
Damascus, PA 18415

Thank you for supporting
Damascus Township
Volunteer
Ambulance Corps

Faithfully serving our neighbors since 1969.

damascusems.org