Medical Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>ID:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Name:</th>
<th>ID:</th>
<th>Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Emergency Information:**

1. Name: [ ]
   ID: [ ]
   Phone: [ ]

2. Name: [ ]
   ID: [ ]
   Phone: [ ]

3. Name: [ ]
   ID: [ ]
   Phone: [ ]

4. Name: [ ]
   ID: [ ]
   Phone: [ ]

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**Medical Conditions:**

- **Condition:** [ ]
  **Severity:** [ ]
  **Phone:** [ ]

- **Condition:** [ ]
  **Severity:** [ ]
  **Phone:** [ ]

- **Condition:** [ ]
  **Severity:** [ ]
  **Phone:** [ ]

- **Condition:** [ ]
  **Severity:** [ ]
  **Phone:** [ ]

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**Address:**

- **Address:** [ ]
  **City:** [ ]
  **Phone:** [ ]

- **Address:** [ ]
  **City:** [ ]
  **Phone:** [ ]

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**Emergency Contacts:**

1. Name: [ ]
   ID: [ ]
   Phone: [ ]

2. Name: [ ]
   ID: [ ]
   Phone: [ ]

3. Name: [ ]
   ID: [ ]
   Phone: [ ]

4. Name: [ ]
   ID: [ ]
   Phone: [ ]

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**Seattle Office of Emergency Management**