



REFRIGERATOR CARD
SCIO RURAL FIRE PROTECTION DISTRICT
Office 503-394-3000
FOR EMERGENCIES DIAL 9-1-1

Date: _____
Name: _____
Address: _____
Telephone: _____
Emergency contact & Phone #:
1. _____
2. _____
Primary Care Doctor: _____
Phone #: _____

Insurance ID #: _____
Insurance Provider: _____
Location of Meds: _____
Allergies to Medications: _____
Date of Birth: _____ Age: _____
Other Health Concerns: _____
Advance Directives: YES NO

OVER FOR MEDICATIONS

Medication Name	RX#	Strength	Dosage	Location

MEDICATIONS