The Yellow Dot Program

A Project of the New York State Sheriffs' Association

www.nysheriffs.org/yellowdot

MY PERSONAL INFORMATION

Name _____ **Date of Birth** _____

Address _____ **City/State/Zip** _____

Home Ph. _____-_____ **Cell Ph.** _____-_____

The Yellow Dot Program acts as facilitator only. All information contained herein is supplied by and is the sole responsibility of the participant.

Name _____ **Date Completed** _____

INSTRUCTIONS:

1. To help emergency responders provide prompt care in the event of an accident, complete both sides of this card as fully as possible and place it in your car's glove compartment. One card should be completed for each person who regularly occupies the vehicle.
2. Place the **Yellow Dot** decal on the rear driver's side window to alert emergency responders to look in the glove compartment for your emergency medical information.
3. You should review the card annually and update any information as necessary, or complete a new card for your glove compartment.

NOTE: A **Yellow Dot** decal can also be used to alert those who respond to an emergency in your home. Simply place a **Yellow Dot** decal on or beside your front door and place a completed card for each occupant in the freezer compartment of your refrigerator.

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[Tape or staple here for privacy]

1. MY NAME _____

2. THE FOLLOWING PEOPLE SHOULD BE CONTACTED IN THE EVENT OF AN ACCIDENT OR MEDICAL EMERGENCY:

Contact Name _____ Contact Name _____

Address _____ Address _____

City/ST/Zip _____ City/ST/Zip _____

Home Ph. _____ - _____ Home Ph. _____ - _____

Cell Ph. _____ - _____ Cell Ph. _____ - _____

Work Ph. _____ - _____ Work Ph. _____ - _____

3. MY PHYSICIANS ARE:

1. Dr._____ Type_____ Office Ph._____ - _____

2. Dr._____ Type_____ Office Ph._____ - _____

3. Dr._____ Type_____ Office Ph._____ - _____

4. MY PREFERRED HOSPITAL:_____ **MY BLOOD TYPE:**_____

Does not guarantee transport to preferred hospital

5. MY MEDICAL CONDITIONS/RECENT SURGERIES/OTHER INFORMATION WHICH MIGHT BE HELPFUL TO AN EMERGENCY RESPONDER:

_____

_____

_____

_____

6. MY MEDICATIONS:

Name_____Dose_____

Name_____Dose_____

Name_____Dose_____

Name_____Dose_____

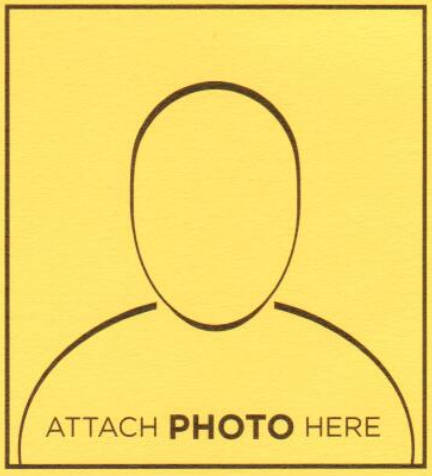
Name_____Dose_____

Name_____Dose_____

7. MY ALLERGIES:

_____ _____

_____ _____



A PHOTO HERE WILL HELP EMERGENCY RESPONDERS MATCH YOU TO THE INFORMATION ON THIS CARD IF YOU ARE UNABLE TO COMMUNICATE.