

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.



# The Yellow Dot Program

A Project of the New York State Sheriffs' Association

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.

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

## Please request Official Yellow Dot Form

\_\_\_\_\_ Home Ph. \_\_\_\_\_  
 \_\_\_\_\_ Cell Ph. \_\_\_\_\_  
 \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 \_\_\_\_\_ Name \_\_\_\_\_  
 \_\_\_\_\_ Date of Birth \_\_\_\_\_

**MY PERSONAL INFORMATION**

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[www.nyssheriffs.org/yellowdot](http://www.nyssheriffs.org/yellowdot)