



HELP BELTS

Medical Alert Seat Belt Covers

 Medical Information  www.HELPBelts.com		Medical Conditions	
Name: _____		_____	
Address: _____		_____	
_____		_____	
DOB: _____		_____	
Language: _____		_____	
Blood Type: _____		_____	
Allergies		Prescription Medications	
Allergy: _____		Name: _____	
Reaction _____		Name: _____	
Allergy: _____		Name: _____	
Reaction _____		Name: _____	
Allergy: _____		Name: _____	
Reaction _____		Name: _____	
Allergy: _____		Name: _____	
Reaction _____		Name: _____	
Medical Contacts		Personal, Religious, or Cultural preferences?	
Preferred _____		_____	
Hospital: _____		_____	
Physician: _____		_____	
Phone: _____		_____	
Pharmacy: _____		_____	
Phone: _____		_____	
Emergency Contacts		Notes	
Name: _____			
Phone: _____			

Name: _____			
Phone: _____			

Continue to backside		Additional Sheets available at www.helpbelts.com	

Print and cut around outer lines. Fold in half horizontally to make a front and backside. Then fold horizontally and vertically to fit into pocket.

