

Please Note: The Yellow Dot Program acts as facilitator only.  
All information contained herein is supplied by, and is the  
sole responsibility of, the participating person listed.

Please complete information in **pencil** to allow updates as  
changes occur, and include Area Codes with all phone  
numbers. Updates are suggested every 6 months to keep  
the information current.

## Emergency Contact Information

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_

For further protection and safety, we encourage you to provide  
two emergency contacts on a secure website. Please go to  
[www.emergencycontacts.utah.gov](http://www.emergencycontacts.utah.gov) to personally enter or go to your  
nearest Utah Driver License Office to submit this information.

## Medical Conditions/Recent Surgeries

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## Allergies

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## Current Medications

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## Physicians

Name \_\_\_\_\_

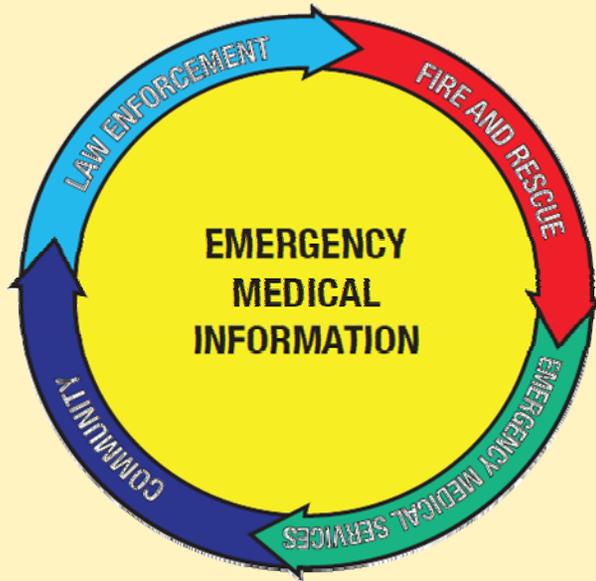
Office Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_

Office Phone (\_\_\_\_\_) \_\_\_\_\_

# The Yellow Dot Program

# Emergency Medical Information



For More Information Visit:  
[www.utahyellowdot.com](http://www.utahyellowdot.com)

YOUR PHOTO HERE

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Updated \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

PLEASE KEEP IN GLOVE BOX TO  
ALLOW EMERGENCY RESPONDER ACCESS