



INTERNATIONAL ALLIANCE
OF ALS/MND ASSOCIATIONS

Medical Emergency Card

I HAVE ALS/MND.

EMERGENCY INFORMATION FOR MEDICAL PERSONNEL

NAME:

D.O.B.:

HOSPITAL:

PHYSICIAN:

EMERGENCY CONTACT DX-ALS/MND:

EMERGENCY CONTACT NUMBER:

Important! My caregiver(s) and I are extremely knowledgeable about my condition, treatment needs, and equipment. Please work with us. Having my knowledgeable caregiver(s) with me during my hospitalization is very important to me.