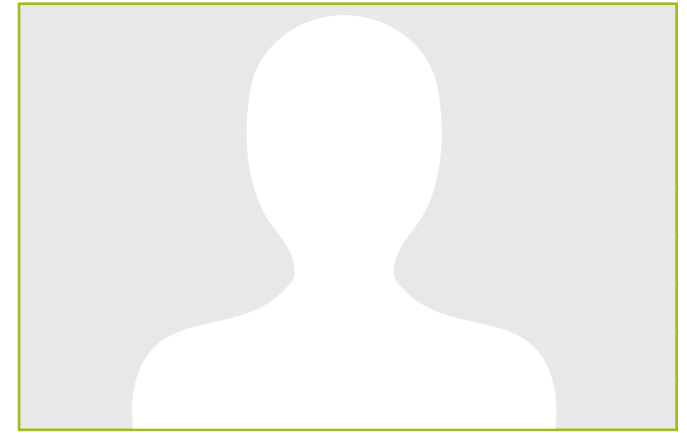


EMERGENCY INFO SHEET

Keep a single record of your loved one's most critical information in one designated place to be prepared in an emergency. Have copies available for other parties who can help.

IDENTIFICATION

Name _____
Address _____
Phone 1 _____ Phone 2 _____
Birth Date ____ / ____ / ____ Sex _____
SSN _____
Drivers License # _____ Passport # _____



EMERGENCY CARE

Emergency Contact Name _____ Emergency Contact Phone _____ Relationship to Person _____
Durable Power of Attorney _____ Phone _____
Insurance Company _____ Insurance ID/Policy # _____ Contact _____

Medical Conditions

1. _____
2. _____
3. _____
4. _____
5. _____

Drug Prescriptions and Dosages

1. _____
2. _____
3. _____
4. _____
5. _____

Drug Allergies _____

Blood Type _____

Primary Physician Name _____ Hospital _____ Phone _____ Fax _____

PERSONAL INFO

Phone Lock Code _____ Voicemail Passcode _____

Email Address _____ Email Password _____ Computer Login _____

Other Important Info _____

This document was filled out by _____ on ____ / ____ / ____ . Relationship: _____ Phone: _____