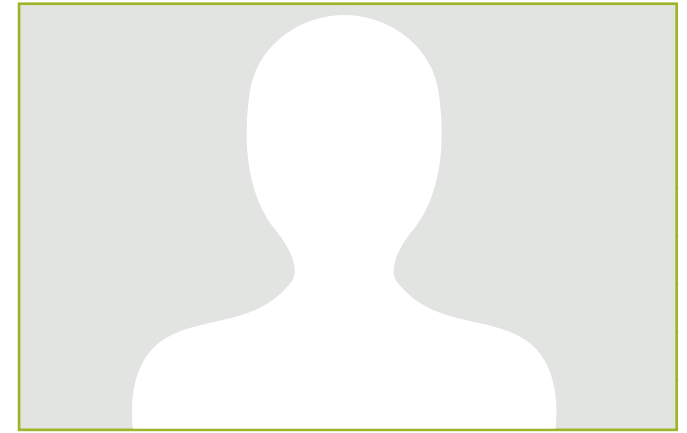


# EMERGENCY INFO SHEET

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: \_\_\_\_\_