

**Post this card on your refrigerator. Put in envelope and label –
“EMERGENCY CONTACT AND MEDICAL INFO”**

HOUSEHOLD INFORMATION

Name(s):	
Address:	Apt.#
Home Phone:	Work Phone:
Cell Phones:	
Pharmacy:	Phone:
Religion:	Church:
Hospital:	

CONTACT IN CASE OF AN EMERGENCY (outside of household)

Name:	Phone:
Relationship:	Cell:
Address:	
Name:	Phone:
Relationship:	Cell:
Address:	

MEDICAL INSURANCE INFORMATION

Company:	Policy#
Company:	Policy#
Medicaid#	Medicare#

LEGAL DOCUMENTATION

For:	Contact and/or Location
Health care proxy? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Living Will? Yes <input type="checkbox"/> No <input type="checkbox"/>	
EMS-No CPR Directive or DNR Form? Yes <input type="checkbox"/> No <input type="checkbox"/>	

OTHER USEFUL INFORMATION:

