

Emergency Information Form

It is very important to keep information about your special needs handy in the event of a disaster. Fill this sheet out, attach a picture of yourself, and put it in a zip lock bag in the freezer. Update every 6 months or as necessary. The freezer is an easy place to store these items where they will be remembered and are not likely to get lost. You may also wish to keep other important papers in the same place, such as prescriptions for medication, home owner's policy, copies of birth certificates, your will, or copies of medical records. They must be in a zip lock bag to prevent damage! If you must leave your home due to a disaster or emergency, just grab the bag out of the freezer and take it with you.

Name: _____ Nickname: _____

Birthdate: _____ Age: _____ Social Security Number: _____

Spouse/Partner Name: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Place of Work: _____ Work Phone: _____

Work Address: _____ City/State/Zip: _____

Additional Contact Person: _____ Relationship: _____ Phone: _____

Insurance Policy#: _____ Other (Medicaid, Medicare): _____

Diagnosis: _____

Primary Care Doctor: _____ Phone Number: _____

Care Coordinator: _____ Phone Number: _____

Medication – Name & Dosage: _____ **Medication – Name & Dosage:** _____

Medication – Name & Dosage: _____ **Medication – Name & Dosage:** _____

Medication – Name & Dosage: _____ **Medication – Name & Dosage:** _____

Medication – Name & Dosage: _____ **Medication – Name & Dosage:** _____

Allergies: _____

Other information: _____
