

Someone  
in this home  
cannot be  
left alone.

Please see back side for emergency information

## EMERGENCY INFORMATION AT A GLANCE:

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

PCP name: \_\_\_\_\_

phone: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Caregiver Name: \_\_\_\_\_

Caregiver Phone: \_\_\_\_\_

Medications	Dose	Frequency

Non-Hospital DNR location: \_\_\_\_\_

Health Care Proxy Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Power of Attorney Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Emergency contacts:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_