

**JUST IN CASE...**  
**Emergency Information for First Responders**

**Resident:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Telephone/Landline: \_\_\_\_\_

Telephone/Cell (include password, code, or other access information):  
\_\_\_\_\_

**Contact In Case of Emergency (ICE):** \_\_\_\_\_

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

Physical Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Secondary Contact:** \_\_\_\_\_

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

Physical Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

OVER

**Primary Health Care Provider:**

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

Contact Information: \_\_\_\_\_

Hospital or Clinic Affiliation: \_\_\_\_\_

**Medical Conditions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Pharmacy/Telephone:** \_\_\_\_\_

**Advance Directive:**  Yes  No Where is a copy? \_\_\_\_\_

A copy should be with the list of medications.

**Pets in home:** \_\_\_\_\_

Attach a medication list and advance directive.

# MEDICATION LIST

Remember to keep up to date as medication changes.

Drug Name: \_\_\_\_\_ Strength: \_\_\_\_\_ Frequency: \_\_\_\_\_

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