

Black Forest / Falcon / Donald Wescott – Emergency Information Form

Fill out this form for each member of your family and post in an easily found place like the side of your refrigerator.

REMEMBER: Call 911 for emergencies!
Call your local fire station only for routine questions

Name: _____ Age: _____
Address: _____ Zip: _____
Phone Number: _____ Birthdate: _____
Physician(s) Name: _____ SSAN #: _____
Hospital of Choice: _____ Policy #: _____
Insurance Carrier: _____ Group #: _____

Medications & Dosage (list only Current Medications) For: _____

Allergies: _____

Past Medical History (Check All That Apply):

- Chronic Bronchitis Asthma Emphysema Angina
 Congestive Heart Failure Diabetes Pacemaker AMI
 Bypass Surgery (X3 X4)
 Implanted Defibrillator (List mfg: _____)

Other: _____

Persons to be notified in an emergency:

Name	Home Ph	Work Ph	Cell Ph	Pager
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have a signed DNR or durable medical power of attorney? If so, attach a copy to this page and include instructions for rescue workers on how to obtain the original.

(Rescue workers cannot honor DNRs or Powers of Attorney without the original documents)

Other Comments: _____
