**PERSONAL PLANNING FOR EMERGENCIES** 

Fire & Rescue Safety Education

**240-777-2430**

Use pencil to fill out one card for each person.

Fold card; insert in red magnetic pouch or Ziplock bag.

Place on refrigerator door. Update as changes occur.

Call with questions.

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

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

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M F

Primary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion\_\_\_\_\_\_\_\_\_\_\_

Primary Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHECK ALL MEDICAL CONDITIONS THAT EXIST**

No known medical conditions

Abnormal EKG

Adrenal Insufficiency

AIDS

Alcohol Addiction

Alzheimer’s

Angina

Anxiety

Asthma

Behavior

Bleeding Disorder

Blind

Cancer

Cardiac Dysrhythmia

Cataracts

Congestive Heart Failure

Clotting Disorder

COPD

Coronary Bypass Graft

Deaf

Dementia

Depression

Diabetes/Insulin Dependent

Diabetes/Non-Insulin

Drug Addiction

Epilepsy/Seizures

Eye Surgery

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Glaucoma

Hard of Hearing

Heart Valve Prosthesis

Hemodialysis

Hypertension

Internal Defibrillator

Irregular Heart Rhythm

Kidney Failure

Laryngectomy

Leukemia

Lung Disease/Emphysema

Lymphomas

Malignant Hypothermia

Memory Impaired

Mental Illness

Myasthenia Gravis

Pacemaker

Previous Heart Attack

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Pulmonary Hypertension

Seizure Disorder

Sickle Cell Anemia

Stroke

Tobacco Use

Vision Impaired

Other: \_\_\_\_\_\_\_\_\_\_

**ALLERGIES**

No Known Allergies

Aspirin

Barbiturates

Codeine

Demerol

Novocaine

Environmental

Horse Serum

Insect Stings

Latex

Lidocaine

Penicillin

Sulfa

Tetracycline

X-Ray Dyes

Morphine

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Medical Problem** | **Medication** | **Dosage** | **Frequency** |
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Date of last tetanus shot: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last flu shot: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last pneumonia shot: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACTS**

**#1 NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**#2 NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**HEALTH INSURANCE INFORMATION**

Medicare Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicaid Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Co. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Insurance Co. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTHCARE DECISIONS**

Do Not Resuscitate Order on file?.............................   YES  NO

IF YES, Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOLST or Advance Directive on file?........................   YES  NO

IF YES, Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO ACCESS **FILE OF LIFE**, GO TO **[www.mcfrs.org/mcsafe](http://www.mcfrs.org/mcsafe)**

AND SEARCH FOR "FILE OF LIFE"