**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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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"