

Emergency Cards

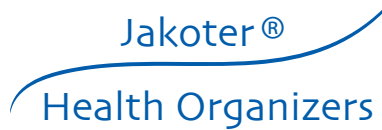
Name _____ Address _____ DOB _____ Phone Number _____	Organ Donor: y n DNR: y n Living Will: y n Located? _____ Name of Durable Power of Attorney Designate _____ Signature _____ Date _____
Emergency Contact _____ Phone _____ Alternative _____ Phone _____ Hospital _____ Phone _____ Doctor _____ Phone _____ Other _____ Phone _____	Medical Conditions _____ Current Medication _____ _____
Insurance Company _____ Phone _____ Policy/Group #'s _____ Other _____	Known Allergies _____ _____
	Blood Type _____ Other _____

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Emergency Contact _____ Phone _____ Alternative _____ Phone _____ Hospital _____ Phone _____ Doctor _____ Phone _____ Other _____ Phone _____	Medical Conditions _____ _____
Insurance Company _____ Phone _____ Policy/Group #'s _____ Other _____	Current Medication _____ _____
	Blood Type _____ Other _____ Organ Donor: yes no
	Signature _____

Always be prepared!
 In an emergency you will be ready!
 You will have all of your pertinent information!
 Contact information, doctor phone numbers, list of allergies and medications!

Fill out the card that suits you better and keep it in your wallet or purse. Fill one out for each of your children and loved ones you take care of too.

To Good Health and Good Living!



More Helpful Tools at Jakoter.com

- Track your family's health history before there is a problem!
- Record symptoms and health-related activities in a calendar!
- Journal symptoms as they occur!
- Write questions and answers down!
- Keep everything in one place!

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