



EMERGENCY COMMUNICATION DOCUMENTS

INSTRUCTIONS

- Print out this document as two-sided.
- Complete the form for everyone living in the home.
- Attach a medication list if necessary, including dosages and instructions.
- Make sure all your important documents (POA, Advance Directives, DNR) are together and in an easily accessible location in your home. Enter the location on the form.
- Cut out the card on the last page and put it in your wallet near or with your license. (Helpful tip, use a self-seal laminating pouch to protect the card – see picture. These are available at Hobby Lobby, Staples, Walmart, etc.)
- Place all pages, including the medication list, in a sheet protector – see picture (these can be found at Staples, Target, Walmart, etc.).
- Make sure the first page that is visible reads, “IN CASE OF EMERGENCY”
- Place the completed project prominently on the front of the refrigerator.



Remember to update any information whenever it changes!!

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**IN CASE OF
EMERGENCY**

**IMPORTANT
INFORMATION**

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IN CASE OF EMERGENCY

ATTENTION - THIS PERSON HAS DEMENTIA!

Yes No

Personal Information

Full name

Home address

Date of birth

Primary language

SSN

Medicare number

Medicare supplement number

Prescription plan number

Height

Weight

Blood Type

Emergency and Medical Information

Emergency contact name

Emergency contact phone

Emergency contact address

ALLERGIES

Diagnoses

Medications

(include a current list w/dosage)

Previous hospitalizations

Hospital for recent hospitalizations

Physical limitations

- Hard of hearing
- Visual impairment
- Inability to speak
- Non-ambulatory
- Bed ridden

Important Documentation

Where is documentation located

Documentation available

- Medical Power of Attorney
 - Financial Power of Attorney
 - Advance Directives
 - DNR
-

Support Services to Contact for help

Home care agency name

Home care agency phone number

Hospice Service name

Hospice phone number

Private caregiver name

Private caregiver phone number

Assisted living for respite

Assisted living phone number

Other services that can assist

Additional Information

Notes:

Cut out this card and put it in your wallet near your Driver's license!

IN CASE OF EMERGENCY

**I AM THE CAREGIVER OF MY LOVED ONE
WHO MAY BE HOME ALONE!**

See driver's license for my name and address

Emergency Contact Name _____

Emergency Contact Phone # _____

My loved one's name _____

EMERGENCY INFORMATION IS ON MY REFRIGERATOR