



INFO FOR LIFE

CALL 911 IN AN EMERGENCY

Keep this information on your refrigerator so it can be used by emergency responders.
Use a pencil so you can update this card easily and often. Please print.

MALE FEMALE

NAME

HOME ADDRESS

DATE OF BIRTH

EMERGENCY CONTACT INFORMATION

NAME

RELATIONSHIP

HOME ADDRESS

HOME PHONE

CELL PHONE

DO YOU HAVE A LIVING WILL OR ADVANCED HEALTHCARE DIRECTIVE?

YES NO

IS IT REGISTERED WITH THE OFFICE OF THE ARIZONA SECRETARY OF STATE?

YES NO

DO NOT RESUSCITATE (DNR)

DO YOU HAVE A **Do Not Resuscitate (DNR)** FORM?

YES NO

IS IT SIGNED BY YOUR DOCTOR OR POWER OF ATTORNEY?

YES NO

IF YES, WHERE IS IT LOCATED?

MEDICAL INSURANCE

MEDICAL INSURANCE COMPANY

POLICY #

SECONDARY INSURANCE

POLICY #

UPDATED ON

HOSPITAL OF CHOICE

DOCTOR

PHONE

MD SPECIALIST

PHONE

PHARMACY

PHONE

SPECIAL CONDITIONS/REMARKS

