

Fill out, copy and distribute to all family members

Family Disaster Plan

Emergency Meeting Place: _____
outside your home

Meeting Place: _____ Phone: _____
outside your neighborhood

Address: _____

Family Contact: _____
(name)

Phone: () _____ day Phone: () _____ evening

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FILE OF LIFE®

*A personal medical home file
prepared for emergency first responders*

Instructions for using the FILE OF LIFE®

- Fill out the medical card and be sure the information is accurate and legible. If necessary, have someone assist you.
- Use pencil where you fill in the medications and where you date the card to allow future updates.
- When completed, place the file on the outside face of your refrigerator.
- Keep all medical data up-to-date.
- Whenever there is a change in medications or dosage be sure to change it on your card and redate the card.
- Take the file with you when you visit your doctor.

cut along dotted line

KEEP INFORMATION UP TO DATE!

Review at Least Every Six Months!

MEDICAL DATA REVIEWED AS OF _____ MO. _____ YR.

Name: _____

Address: _____

Doctor: _____ Phone #: _____

Doctor: _____ Phone #: _____

EMERGENCY CONTACTS

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

MEDICAL DATA

Use pencil for ease in making changes

Special conditions/Remarks: _____

Medical Problems	Medication	Dosage	Frequency

Pharmacy: _____ Phone #: _____

Date of Birth: _____ Soc Sec #: _____

Blood Type: _____ Religion: _____

Living Will on file at: _____

FILE OF LIFE®

SEE BACK OF CARD FOR ADDITIONAL INFORMATION