

Local Emergency Contact

Name _____

ADD: _____

TEL: _____

EMD Emergency Management Director

Name _____

ADD: _____

TEL: _____

Senior Center

Name _____

ADD: _____

TEL: _____

WALLET EMERGENCY CARD

Name _____

ADD: _____

TEL: _____

**Contact out of area**

Name _____

ADD: _____

TEL: _____

Utility

Name _____

ADD: _____

TEL: _____

Place of Worship

Name _____

ADD: _____

TEL: _____

Emergency Contact TEL:

Name _____

ADD: _____

TEL: _____

Contact out of area

Name _____

ADD: _____

TEL: _____

Home/Rental Insurance

Name _____

ADD: _____

TEL: _____

Veterinarian

Name _____

ADD: _____

TEL: _____

Doctor / Primary Care

Name _____

ADD: _____

TEL: _____

KEEP THIS FORM UP-TO-DATE.

Take this form with you to all your doctor visits, when you go for any medical test and hospital visits. Write down all changes made to your medications. Cross out any old medicines.

Pharmacy

Name _____

ADD: _____

TEL: _____

Purpose

(why do you take it?)

Dose

(pills, units, drops)

When do you take it?

(AM or PM How many times a day?)

Medical Conditions/Allergies

Name _____

ADD: _____

TEL: _____

FEMA Distress Line 1-800-985-5990
Questions and Referrals 211
In an Emergency 911
Poison Control Center 1-800-222-1222