



a place for mom.

# EMERGENCY PREP

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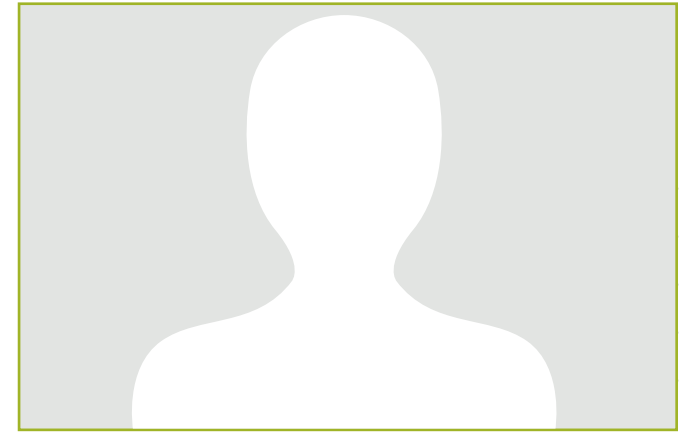
Financial Tracker

# EMERGENCY INFO SHEET

Keep a single record of your loved one's most critical information in one designated place to be prepared in an emergency. Have copies available for other parties who can help.

## IDENTIFICATION

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_  
Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex \_\_\_\_\_  
SSN \_\_\_\_\_  
Drivers License # \_\_\_\_\_ Passport # \_\_\_\_\_



## EMERGENCY CARE

Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_ Relationship to Person \_\_\_\_\_  
Durable Power of Attorney \_\_\_\_\_ Phone \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Insurance ID/Policy # \_\_\_\_\_ Contact \_\_\_\_\_

### *Medical Conditions*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### *Drug Prescriptions and Dosages*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Drug Allergies \_\_\_\_\_

Blood Type \_\_\_\_\_

Primary Physician Name \_\_\_\_\_ Hospital \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

## PERSONAL INFO

Phone Lock Code \_\_\_\_\_ Voicemail Passcode \_\_\_\_\_

Email Address \_\_\_\_\_ Email Password \_\_\_\_\_ Computer Login \_\_\_\_\_

Other Important Info \_\_\_\_\_

This document was filled out by \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ . Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

# MEDICATION LIST



Use to give to a medical professional or to keep as a single record for easy reference.

In regard to \_\_\_\_\_ Birth Date \_\_\_\_\_

MEDICINE NAME	MEDICAL CONDITION	DOSAGE DETAILS	DATE RANGE	PRESCRIBED BY	SIDE EFFECTS

Drug Allergies \_\_\_\_\_

Blood Type \_\_\_\_\_

Pharmacy \_\_\_\_\_ Pharmacy Phone \_\_\_\_\_

Pharmacy Address \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Contact \_\_\_\_\_

Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

This document was filled out by \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ . Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

# LEGAL TRACKER

Reference a single file of contacts and paperwork regarding your loved one's legal matters.

## PEOPLE

ROLE	LEGAL ESTABLISH DATE	NAME	CONTACT	RESPONSIBILITIES
Power of Attorney				
Health Care Proxy (if different than POA)				
Guardian				

## DOCUMENTS

TYPE	LEGAL ESTABLISH DATE	LOCATION OF DOCUMENT	NOTES
Last Will			
Advance Directive / Living Will			

Elder Law Attorney: \_\_\_\_\_ Contact: \_\_\_\_\_

# FINANCIAL TRACKER



Reference a single file of your loved one's financial resources.

## INSURANCE

INSURANCE TYPE	COMPANY	POLICY / ID#	AGENT NAME	AGENT CONTACT
Medicare				
Long Term Care				
Disability				
Life				

## BANKING

BANKING COMPANY	CHECKING ACCOUNT	SAVINGS ACCOUNT	AGENT NAME	AGENT CONTACT

## PEOPLE

ROLE	NAME	CONTACT	RESPONSIBILITIES
Financial Advisor			
Accountant			
Conservatory			

This document was filled out by \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ . Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_