

Emergency Information Card

Last updated: _____

Fill in by hand. Keep copies on the fridge, in a go-bag and with a backup contact. Update it whenever anything changes.

ABOUT THIS PERSON

Full name: _____ Goes by: _____

Date of birth: _____ Language spoken: _____

Address: _____

Photo
(optional)

PEOPLE TO CALL

Primary caregiver: _____

Phone: _____

Backup 1 (name, relation): _____

Phone: _____

Backup 2 (name, relation): _____

Phone: _____

DIAGNOSES / CONDITIONS

CARE TEAM

Primary doctor: _____

Phone: _____

Pharmacy & phone: _____

Preferred hospital: _____

Insurance company: _____

Insurance phone: _____

ALLERGIES (medicines, foods, latex, other)

CURRENT MEDICATIONS	Dose	When (time of day / how often)

Attach an additional medication list if needed. Write the date on each attached page.

DEVICES & MOBILITY (walker, hearing aids, oxygen...)

COMMUNICATION TIPS

Best way to talk with them: _____

What helps them feel calm: _____

What may upset them: _____

ADVANCE DIRECTIVE / DNR — kept at: _____

Health care agent & phone: _____

This information card does not replace the actual documents.

✂ Cut out & keep in a wallet

IN AN EMERGENCY

Name: _____

Call (name & phone): _____

Allergies: _____

Key condition: _____

Free to print and share. From Lighthouse by Dragonfly, an iPhone app for organizing care information, medications, and appointments.
lighthousebydragonfly.com



More free
caregiver tools