

How to Create an Emergency Information Packet

Preparing an emergency packet is one of the most important things caregivers can do for the loved ones in their care. Follow these steps to create and maintain an up-to-date packet.

1. Download and print both information forms below.
2. Fill out the forms **in pencil**.
3. Make copies of the forms and distribute them to anyone who is part of your loved one's care team. (Teachers, bus drivers, in-home nurses, adult day care workers, relatives, etc.)
4. Count three months forward in your calendar/planner and jot a note to review and update the emergency packet.
5. Make any new updates **in pencil**.
6. If information is updated, make new copies and distribute them to members of your loved one's care team.

PATIENT INFORMATION

NAME

ADDRESS

EMAIL

PHONE (H)

(W)

(C)

DATE OF BIRTH

SEX

BLOOD TYPE

HEIGHT

WEIGHT

EYE COLOR

ORGAN DONOR

YES

NO

STATE WHERE DONATION IS REGISTERED

ALLERGIES

DIETARY RESTRICTIONS

DIAGNOSIS

PRIMARY LANGUAGE

CAREGIVER #1

NAME

RELATIONSHIP TO PATIENT

PHONE (H)

(W)

(C)

CAREGIVER #2

NAME

RELATIONSHIP TO PATIENT

PHONE (H)

(W)

(C)

CAREGIVER #3

NAME

RELATIONSHIP TO PATIENT

PHONE (H)

(W)

(C)

EMERGENCY CONTACT INFORMATION

PRIMARY EMERGENCY CONTACT

NAME

RELATIONSHIP TO PATIENT

ADDRESS

EMAIL

PHONE (H)

(W)

(C)

SECOND EMERGENCY CONTACT

NAME

RELATIONSHIP TO PATIENT

ADDRESS

EMAIL

PHONE (H)

(W)

(C)

THIRD EMERGENCY CONTACT

NAME

RELATIONSHIP TO PATIENT

ADDRESS

EMAIL

PHONE (H)

(W)

(C)

ATTORNEY'S NAME

PHONE

TRUST

LIVING WILL

DO NOT RESUSCITATE (DNR)

DO NOT INTUBATE (DNI)

DURABLE POWER OF ATTORNEY (DPOA)

DURABLE POWER OF ATTORNEY (DPOA) NAME

RELATIONSHIP TO PATIENT

PHONE (H)

(W)

(C)

FINANCIAL MANAGER

RELATIONSHIP TO PATIENT

PHONE (H)

(W)

(C)

MEDICAL INSURANCE

PHONE

POLICY NUMBER

DENTAL INSURANCE

PHONE

POLICY NUMBER