

EMERGENCY INFO SHEET

Keep this record of critical information on your refrigerator or other designated place in case of emergency.



ATTORNEYS

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Elder Law | Wills & Probate | Personal Injury
Real Estate | Criminal Defense
Divorce & Family Law | Land Use & Zoning
Litigation | Business



IDENTIFICATION

Name _____
Address _____
Home Phone _____ Cell Phone _____
Birth Date ____ / ____ / ____ Sex _____
SSN _____
Drivers License # _____



IMPORTANT CONTACTS

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



MEDICAL CONDITIONS

1. _____
2. _____
3. _____
4. _____
5. _____

Drug Allergies _____
Blood Type _____
Primary Physician Name _____ Hospital _____
Phone _____ Fax _____



DRUG PRESCRIPTIONS AND DOSAGES

1. _____
2. _____
3. _____
4. _____
5. _____



PERSONAL INFO

Cell Phone Password _____ Voicemail Password _____
Email Address _____ Email Passcode _____
Computer Login _____
Other Important Info _____

Information current as of ____ / ____ / ____