

EMERGENCY INFO SHEET

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



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

MY ATTORNEY

Name _____

Phone _____



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 _____

Health Care Directive _____ 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 _____



PERSONAL INFO

Cell Phone Password _____ Voicemail Password _____

Email Address _____ Email Passcode _____

Computer Login _____

Other Important Info _____



DRUG PRESCRIPTIONS AND DOSAGES

1. _____

2. _____

3. _____

4. _____

5. _____