Local Emergency Contact

Name _____

ADD: _____

TEL: _____

Contact out of area

Name _____

ADD: _____

TEL: _____

Contact out of area

Name _____

ADD: _____

TEL: _____

EMD Emergency Management Director

Name _____

TEL: _____

Utility

Electric TEL: _____

Gas TEL: _____

Water TEL: _____

Home/Rental Insurance

Name _____

TEL: _____

Policy # _____

Senior Center

Name _____

TEL: _____

Place of Worship

Name _____

TEL: _____

Veterinarian

Name _____

TEL: _____

WALLET EMERGENCY CARD

FEMA

Name _____

TEL: _____

Emergency Contact Name _____

Emergency Contact TEL: _____

FEMA Distress Line 1-800-985-5990

Questions and Referrals 211

In an Emergency 911

Poison Control Center 1-800-222-1222

Doctor / Primary Care

Name _____

TEL: _____

Pharmacy

Name _____

TEL: _____

Medical Insurance

Name _____

TEL: _____

Medical Conditions/Allergies

_____

_____

_____

_____

KEEP THIS FORM UP-TO-DATE.

Take this form with you to all your doctor visits, when you go for any medical test and hospital visits. Write down all changes made to your medications. Cross out any old medicines.

Drug Name & Strength	Dose (pills, units, puffs, drops)	When do you take it? (AM or PM How many times a day?)	Purpose (why do you take it?)