

# In Case of Emergency Call 911 Immediately

## Place on Refrigerator

### Nannys for Grannys 631-730-8500

NAME: \_\_\_\_\_ DATE CARD COMPLETED: \_\_\_/\_\_\_/\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE ( ) \_\_\_\_\_

ALLERGIES TO MEDS: \_\_\_\_\_

### Emergency Contact Information

1. \_\_\_\_\_ PRIMARY HOSPITAL: \_\_\_\_\_
2. \_\_\_\_\_ CLOSEST HOSPITAL: \_\_\_\_\_
3. \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ MAJOR ILLNESSES: \_\_\_\_\_

DOCTOR'S PHONE: \_\_\_\_\_

HEALTH INSURER: \_\_\_\_\_ PHARMACY: \_\_\_\_\_

MEDICARE#: \_\_\_\_\_ OTHER: \_\_\_\_\_

ADVANCED DIRECTIVE:  YES  
 NO

DNR:  YES  
 NO

HEALTH CARE PROXY:  YES  
 NO

POLST:  YES  
 NO

#### MEDICATIONS

CURRENT MEDS	DOSAGE STRENGTH	HOW OFTEN TAKEN	WHEN TAKEN

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