

**I AM:** Firstname Lastname, XXXX Anystreet Ct, Citycitycity ST 12345-1234, H: nnn-xxx-xxxx C: nnn-xxx-xxxx YOB 1955.

**LIVE WITH:** [spouse/partner; kids (names & ages); housemates] See PETS.

**ADVANCE CARE DIRECTIVE Contact:** Firstname Lastname H: nnn-xxx-xxxx WC: nnn-xxx-xxxx

**OTHER LOCAL EMERGENCY Contact:** Firstname Lastname, Rohnert Park nnn-xxx-xxxx

**IN STATE Contact:** Firstname Lastname C: nnn-xxx-xxxx (Citycitycity) Firstname Lastname nnn-xxx-xxxx

**OUT-OF-STATE Contact:** Firstname Lastname (ST) nnn-xxx-xxxx; Firstname Lastname (ST) nnn-xxx-xxxx

**MEDS:** Nammmmmmmme XXX mg/freq; Nammmmmmmme XXX mg/freq; Nammmmmmmme XXX mg/freq; Nammmmmmmme XXX mg/freq; **CRITICAL OTC:** [Write down the names and strengths of the over-the-counter meds and supplements you cannot do without for more than a couple of weeks].

**DOC & PHARMACY:** Firstname Lastname MD 707-123-4567 Primary PharmacyName 866-123-4567

**BLOOD TYPE / DONOR STATUS:** O+ [Indicate here if you can be an organ, blood, or tissue donor]

**HEALTH INSURANCE:** *Company Name, Policy# if not SSN#, Med/Drug/Dental/Vision/other*

**EYES:** Firstname Lastname OD, nnn-xxx-xxxx, Sebastopol; Firstname Lastname nnn-xxx-xxxx, Santa Rosa. Glasses are progressive trifocals; nearsighted with astigmatism; floaters in both eyes.

**SPECIAL NEEDS/CONSIDERATIONS:**

**DIET:** gluten intolerance; anaphylaxis reaction to kiwi.

**ALLERGIES:** indicate drug allergies here

**ADVERSE CHEMICAL REACTIONS TO:** newsprint, newspaper, photocopy, carbon and carbonless paper chemicals (respiratory infections, skin fungal infections); fragrances (mild to acute neurological and physical reactions including loss of voice, migraines, crushing fatigue, nosebleeds).

**OTHER:** Chronic pain; impaired range of joint motion; postural orthostatic tachycardia (BP drops, pulse climbs, increased pain, and impaired cognition when standing for short- to long periods of time).

**PETS: Indoors:** 1 large lizard, free-roaming; 1 turtle, lives in enclosure; **Indoors/Outdoors:** 3 tortoises; **Outdoors:** 2 box turtles. **Contact** Firstname Lastname or Firstname Lastname for information on what to do.

**VETS:** Firstname Lastname DVM, XXXX Addressaddressaddress, Citycitycity, nnn-xxx-xxxx; Firstname Lastname DVM, XXXX Addressaddressaddress, Citycitycity, nnn-xxx-xxxx

**AUTO:** license#, YYYY Make Model, VIN#####; InsCo Policy# #####; 1-877-xxx-xxxx

**BANKS:** ABCDEFG Bank: c/s 1-877-xxx-xxxx; autotel 1-877-xxx-xxxx; HIJKLMNO Bank c/s 1-877-xxx-xxxx

**AT&T:** my-phone-#1 my-phone-#2

**City of Santa Rosa:** Water & Sewer, Acct# 123456567

**DISH NETWORK:** 12344923049237493 Main: 1-877-xxx-xxxx; Account Specialist: 1-877-xxx-xxxx

**GARBAGE:** Unicycler, Acct # 12344568, Santa Rosa Recycling & Collection Services, nnn-xxxx

**GARDENER:** Firstname Lastname, XXXX AddressAddress, Citycitycity CA 95409, nnn-xxxx

**NETFLIX:** Customer ID: 29384709237

**PG&E:** 240820857

**LongDistance PhoneCo:** 1-877-xxx-xxxx; Fax: 1-877-xxx-xxxx; info@LDPhoneCarrier.com; Acct# #####

**ISP/Internet** 707-xxx-xxx Local sales and billing; 707-xxx-xxx Support; 1-877-xxx-xxxx Toll free sales and billing

**Firstname Lastname – Landlord:** Citycitycity, Home: nnn-xxxx, work: nnn-xxxx

**CELL SERVICE:** 1-1-877-xxx-xxxx; My VM: 1-877-xxx-xxxx, access codes and ####. Cust# #####; SIM # #####

**Here is an entire second page you can fill with more info**, such as info on your children, roommates, pets, family meeting place, ham radio call signs for friends and family, etc.

#### **OTHER SUGGESTED EMERGENCY INFO:**

**Emergency Radio Stations:** (in Sonoma County, they are **FM:** KZST 100.1; KBBF 89.1 (Spanish). **AM:** KSRO 1350, KCBS 740

**Emergency Ham Radio Nets:** **Santa Rosa** 145.350 88.5; **SoCo** 146.730 88.5

#### **THE MORE THE MERRIER**

Paper copies of this form can be stashed in your vehicles, wallet, your first aid kits and your go kits. You can stash copies of the data file in your PDA, on a thumb drive, in your lap top. Password-protect the files if you are concerned about unauthorized people getting into the file.

#### **YOUR INFORMATION STASH IS ONLY AS GOOD AS THE DATA IN IT.**

Just as you should periodically review your will, advance care directive, power of health care attorney, and other legal instruments, you should also regularly go through your emergency information files and make sure the information is still current, and update them to reflect new people, pets, changes in numbers, accounts, etc.

#### **IF YOU HAVE CHILDREN**

If you have children, you should execute the legal instruments needed for guardians you appoint to take care of your children if anything happens to you, along with any stipulations. (Needless to say, you really must discuss this with the person(s) you have in mind, first, to make sure they are willing.) Update this as relationships change and your children attain the age of majority.

#### **IF YOU HAVE PETS**

If you have pets, you should maintain an annually updated list of all of your pets, and who has agreed to take them when you die or become incapacitated. Have at least TWO people for each animal, with their names, physical addresses, phone(s) and email addresses. As with making arrangements for your children, make sure the people you want taking your pets are actually willing to do so. In case the person who will be sending your pets to their new home doesn't really know your pets, include photos and physical descriptions of your pets so they don't give or send the wrong one to the wrong person.