

CoHo EMERGENCY INFORMATION SHEET

(complete one for each family member and file in red binder in Common House pantry)

Date(s) completed/updated

Name	Unit #
-------------	---------------

Emergency Contact Information

Name	Phone(s)
Address	Email
Relationship to you	

Medical Information

Physician Name	Phone(s)
-----------------------	-----------------

Any existing **MEDICAL CONDITION AND/OR PRESCRIPTION MEDICATION** that could impact emergency medical treatment

Any critical **ALLERGIES**

Location of any **ANTIDOTE MEDICATION**

DNR	CIRCLE DNR AT LEFT if you have chosen to be DNR (DO NOT RESUSCITATE). THIS INFORMATION WILL BE CODED ON THIS FORM AND MUST BE INCLUDED WITH YOUR EMERGENCY PAPERS IN YOUR HOME.
------------	---

LOCATION OF YOUR EMERGENCY PAPERS IN YOUR HOME

(Attached to your refrigerator is a good spot – EMTs will look there):

It is strongly recommended that you complete an **OREGON ADVANCE DIRECTIVE** (download <http://www.LLX.com/AD.pdf>) or a **POLST FORM** (a one-page form regarding end-of-life options which requires your physician's signature)