

# CoHo EMERGENCY INFORMATION SHEET

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

<b>Date(s) completed/updated</b>
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<b>Name</b>	<b>Unit #</b>
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## Emergency Contact Information

<b>Name</b>	<b>Phone(s)</b>
<b>Address</b>	<b>Email</b>
<b>Relationship to you</b>	

## Medical Information

<b>Physician Name</b>	<b>Phone(s)</b>
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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)