Home Care
NY GUIDE

In Case of Emergency

Put this on the refrigerator
Call 911 in an emergency

FULL NAME

DATE OF BIRTH | **BLOOD TYPE** | **PHONE**

ADDRESS

EMERGENCY CONTACTS

Large numbers so anyone can read them from the fridge

1
NAME | RELATIONSHIP
MOBILE | OTHER PHONE

2
NAME | RELATIONSHIP
MOBILE | OTHER PHONE

3
NAME | RELATIONSHIP
MOBILE | OTHER PHONE

ALLERGIES

Write any medicine, food, or other allergy and the reaction. This box should be easy to see.

CONDITIONS & MEDICATIONS

MEDICAL CONDITIONS

MEDICATIONS (NAME, DOSE, WHEN)

DOCTOR, HOSPITAL & PHARMACY

PRIMARY DOCTOR | **PHONE**

PREFERRED HOSPITAL | **PHONE**

PHARMACY | **PHONE**

DEVICES & SPECIAL NEEDS

- ☐ Glasses
- ☐ Hearing aids
- ☐ Cane / walker
- ☐ Wheelchair
- ☐ Oxygen
- ☐ Pacemaker / ICD
- ☐ Insulin / pump
- ☐ Fall risk
- ☐ Memory concerns
- ☐ Language / interpreter need

In an emergency call 911 or your local emergency number. This sheet is not medical advice.