



RED ST/CK
READY



Last Updated:

Name _____ Date of Birth _____

Emergency Contact _____ Phone Number _____

Primary Physician _____ Phone Number _____

Living Will? Y or N DNR? Y or N Blood Type _____

Location of healthcare directive: _____

Past history of:

Heart Disease

Lung Disease

Free Bleeding

Diabetes

Stroke

High Blood Pressure

Liver Disease

Kidney Failure

Seizures

Other _____

Current Medications:

Dosage:

Insert this completed card into a medication bottle and place visibly in your refrigerator. An additional copy should be included in your Disaster Supply Kit.