

Emergency and Disaster Information Form

This form contains confidential contacts and medical information to be used only by emergency responders.
ALWAYS CALL 911 IN AN EMERGENCY

Date Completed

Household Member

First Name	Middle Name	Last Name
Street		
City	State	Zip
House Phone	Mobile Phone	Email
Driver's License	Date of Birth	

Other Household Residents	Phone	Email	Relationship

Pets	Type	Description

EMERGENCY CONTACTS

Employer	Supervisor	Phone	Email

Neighbor	Address	Phone	Email	Role

Block Leader	Address	Phone	Email

Caregiver	Phone	Email	Role

Local Contact (family or friend)	Phone	Email	Role

Distant Contact (family or friend)	Phone	Email	Role

Other Emergency Contacts (school, church or place of worship, etc.)

Other Contact	Affiliation	Phone	Email	Role

Emergency Medical Information for LifeNet Member on Next Page

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Emergency Medical Information For:

First Name	Middle Name	Last Name
Street		
City		State, Zip
Date of Birth	Gender	Race
Hair Color	Eye Color	Height
Weight	Driver's License	
House Phone	Mobile Phone	Languages Spoken

COVID-19 Status

Have you been tested for COVID-19? (yes / no)	Have any members of your household tested positive for COVID-19? (yes / no)
If yes, what was the result? (pos / neg)	Have you had a flu shot in the last year? (yes / no)
Have you had a pneumonia vaccination? (yes / no)	Have you had a COVID-19 (SARS 2 vaccination)? (yes / no)

Other Medical Conditions

Blood Type	Allergies	
High Blood Pressure (yes/no)	Diabetes (yes/no)	Asthma (yes/no)
Heart Condition (yes/no)	Pacemaker (yes/no)	Stroke (yes/no)
Dialysis Patient (yes/no)	Seizures (yes/no)	COPD (yes/no)
Wheelchair (yes/no)	Walker or Cane (yes/no)	Hearing Aids (yes/no)
Other		

Prescribed Medications

Brand Name	Generic Name	Dosage	Prescribed By

Medical Contacts

Primary Physician Name	Phone
Other Physician Name	Phone
Health Insurance	Phone
Other Medical Contact	Phone