Emergency information

Fill this in, photograph it, and put the paper copy where it can be found without you.

FULL LEGAL NAME

DATE OF BIRTH

ADDRESS

LIVES ALONE / WITH (NAME)

KEY SAFE OR SPARE KEY LOCATION

ALLERGIES — AS RECORDED BY THE SURGERY

CONDITIONS ON FILE — AS WRITTEN ON THE LAST LETTER

MEDICATIONS — SEE THE MEDICATION LIST, DATED

GP SURGERY + PHONE

PHARMACY + PHONE

PREFERRED HOSPITAL

INSURANCE / PLAN NAME

MEMBER OR POLICY NUMBER

EMERGENCY CONTACT 1 — NAME, RELATIONSHIP, PHONE

EMERGENCY CONTACT 2 — NAME, RELATIONSHIP, PHONE

WHO HOLDS A POWER OF ATTORNEY (NAME + PHONE)

SHEET LAST UPDATED (DATE)

Wallet and fridge cards

Cut along the lines.

IN AN EMERGENCY

Name

DOB

Allergies

Key medications

GP + phone

Contact + phone

theworkingbinder.com

IN AN EMERGENCY

Name

DOB

Allergies

Key medications

GP + phone

Contact + phone

theworkingbinder.com

IN AN EMERGENCY

Name

DOB

Allergies

Key medications

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Contact + phone

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IN AN EMERGENCY

Name

DOB

Allergies

Key medications

GP + phone

Contact + phone

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Hospital go-sheet — what to bring

- [ ] Current medication list (copy, dated)
- [ ] This binder or the travel copy
- [ ] Insurance card and ID
- [ ] Glasses, hearing aids + spare batteries
- [ ] Dentures and case
- [ ] Walking aid, labelled
- [ ] Nightwear, slippers with backs, underwear
- [ ] Toothbrush, toothpaste, soap, comb
- [ ] Phone and charger with a long cable
- [ ] A written list of who to call
- [ ] Small amount of cash
- [ ] Something familiar — a photo, a blanket

Hospital go-sheet — who to call, what to write down

WARD AND BED

WARD DIRECT LINE

CONSULTANT

NAMED NURSE

WHO HAS BEEN TOLD

WHO STILL NEEDS TELLING

WHAT WAS SAID TODAY

WHAT HAPPENS NEXT