Emergency One-Pager

For: _____

Date: _____

One page. Fill it in pencil first. Keep one copy on the fridge, one at the front of the binder and one photographed on your phone and your siblings' phones. Leave passwords, PINs and full account numbers off this page.

Item	Details
Full name and preferred name	
Date of birth	
Address and phone	
Emergency contact 1 (Point Person)	
Emergency contact 2 (backup)	
Emergency contact 3 (local)	
Health-care decision-maker	
Family doctor and phone	
Pharmacy and phone	
Conditions, allergies, implants	
Medications (or location of list)	
Health card (number or location)	
Where the binder and legal documents are	
Special instructions	
Last reviewed	