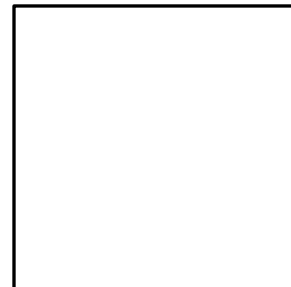




DELAWARE TOWNSHIP SENIOR CITIZENS EMERGENCY CONTACT INFORMATION SHEET

Do you have a DNR? (CIRCLE ONE) YES OR NO



Your Name _____

Birthday _____ Phone # _____

Address _____

Town _____ State _____ Zip _____

CURRENT MEDICATIONS

Pharmacy Name & Number _____

Name of Medication	Dosage and how many times a Day	What do you take it for?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

KNOWN CONDITIONS (HEART, CANCER, STROKES)

PRIMARY DOCTOR INFORMATION

Name _____ Phone # _____

Address _____ Town: _____ State: _____ Zip _____

Hospital Preference _____ Condition _____

SPECIALIST DOCTOR INFORMATION

Name _____ Phone # _____

Address _____ Town: _____ State: _____ Zip _____

Hospital Preference _____ Condition _____

EMERGENCY CONTACT

Name _____ Relationship _____
Address _____ Phone # _____
Town _____ State _____ Zip _____

LIST ANY MEDICINE ALLERGIES AND WHAT HAPPENS TO YOU

VEHICLE INFORMATION (If Applicable)

Have a Non-Driver State ID? Yes No State ID Number: _____
Have a Driver's License? Yes No Driver's License Number: _____
Make: _____ Model: _____ Year: _____ Color: _____
License Plate State: _____ Plate Number: _____

GENERAL INFORMATION

Are you a diabetic? Yes No Hearing Impaired? Yes No
Where do you shop? _____ Where do you visit? _____
Do you belong to a Senior Center? Yes No (If yes, where?) _____
Who is your best friend? _____ Phone # _____
List any other information that would be informative in case of an emergency: _____

RELEASE

I, _____, hereby give my permission to the Delaware Township Police to retain this information and will only be distributed in the event of an emergency and for the protection of the person identified above in an emergency or crisis situation.

Print Name of Applicant: _____

Signature of Applicant: _____ Date: _____