

Emergency
Information
Sheet: A
Practical,
Fillable Guide
for Caregivers
and First
Responders

How to Use This Emergency Information Sheet

This ebook transforms your Emergency Information Sheet into a clear, comprehensive, and ready-to-use resource for caregivers, loved ones, and first responders. Each section mirrors the original document and keeps all fields intact while adding structure, guidance, and practical tips. You can print pages, fill them digitally, or store them in a binder, a phone, and in shared caregiver folders. To maximize usefulness in an emergency, complete each field as specifically as possible, use legible print or typed text, and keep the information updated every 3–6 months or whenever a diagnosis, medication, or care plan changes. Throughout the ebook, you'll find the original sections preserved: Personal Information; Medical Information; Doctors & Providers; Emergency Contacts; Cognitive & Behavioral Notes; Daily Living Information; Legal & Insurance Information; Emergency Instructions; and Pro Tips. Nothing has been removed from the original document. We've only added clarifying subheadings, prompts, and best practices to make filling it out easier and faster under pressure.

Before you begin, gather essentials: a current medication list (with dosages and schedules), a copy of insurance cards, names and numbers of physicians and specialists, recent hospital discharge papers (if any), advance directives, and identification cards. If the person has dementia or cognitive impairment, add a recent photo labeled with the person's name and date. For consistency, use the same phone number formats (e.g., (555) 123-4567) and ensure addresses include apartment/unit numbers. Keep pharmacy information current, since first responders and ER teams may call the pharmacy to confirm medications after hours. If Social Security Number is provided, mark the book "Contains Sensitive Information" and store securely.

When complete, place a printed copy on the refrigerator door or an inside wall adjacent to it—EMS commonly checks there first. Keep another copy in a clearly labeled caregiver binder near the home entrance. If you use medical alert devices, add a QR code or short link to a cloud version of this sheet. For traveling, store a reduced one-page summary in a wallet or glove box. Finally, schedule recurring reminders (every 90–120 days) to review for changes. The following sections provide the exact fields from the original sheet, with brief guidance so you can fill them accurately and confidently.



Personal Information

This section establishes identity quickly in urgent situations. Write names exactly as they appear on legal and insurance documents. If the individual uses a preferred name or nickname, include it in parentheses. Include at least one working phone number—mobile is preferred for real-time updates from medical staff. For address, list city, state, ZIP, and any gate or entry instructions if applicable. If including a Social Security Number (optional), consider redacting it on copies stored in visible places and keep a full, secure version in a locked folder. The aim is to give first responders enough trusted identifiers to connect to medical history, prescription profiles, and emergency contacts without delay.

Full Name:

Date of Birth:

Address:

Phone Number:

Social Security Number (optional):

Tips: Keep a recent color photo attached to the printed page. If the person wanders or may be disoriented, add height, eye color, and notable identifiers (e.g., medical alert bracelet). For homes with multiple residents, clearly mark whose sheet is whose with a bold name at the top and a colored border. If language or hearing barriers exist, note the primary language and preferred communication mode (e.g., ASL, written notes) beside the phone number field.

Created by Dr. William W. Watson III
Caregiver Advocate | Dementia Support Educator



Medical Information

Provide concise, accurate details that help clinicians triage and treat safely. If dementia is present, specify the type (e.g., Alzheimer’s disease, Lewy body dementia, vascular dementia), the year of diagnosis, and notable symptoms such as hallucinations, sundowning, or executive function challenges. List all other medical conditions (e.g., diabetes, hypertension, COPD, CKD) and note any relevant devices (e.g., pacemaker, insulin pump). For allergies, distinguish medication allergies from food or environmental allergies and describe reactions (e.g., anaphylaxis, rash, GI upset). For current medications, include generic/brand name, dosage, form (tablet, patch), frequency, time of day, and special instructions (e.g., take with food, avoid grapefruit). If a medication was recently changed, mark it with “updated: MM/DD/YY.” Keeping this page current prevents adverse interactions and speeds treatment.

Primary Diagnosis (e.g., Dementia Type):

Other Medical Conditions:

Allergies (medications/food):

Current Medications (include dosage & schedule):

Attach, staple, or link a pharmacist-verified medication list if available. If the person sometimes refuses medications, note successful strategies (e.g., offering with applesauce, crushing permitted meds, or scheduling at calmer times). If the individual uses over-the-counter remedies, vitamins, or herbal supplements, include them—these can interact with prescriptions. Finally, indicate baseline vitals if known (e.g., typical blood pressure, oxygen saturation, blood glucose range) to help clinicians interpret readings in context.



Doctors & Providers

Accurate provider details allow emergency teams to confirm histories and obtain recent notes. Enter full names, specialty, phone numbers, and after-hours lines if different. If a preferred hospital or health system is associated with a provider, note it here to streamline transfers and insurance authorizations. For pharmacies, add store location, 24-hour status, and Rx number if it helps the staff identify the profile quickly. If the person uses mail-order or specialty pharmacies, list those as well.

Primary Care Physician:

Name:

Phone:

Neurologist/Specialist:

Name:

Phone:

Pharmacy:

Name:

Phone:

Consider adding a secondary contact method such as a secure portal message or fax for records requests. If a power of attorney or healthcare proxy must authorize information release, indicate that near this section so providers know whom to call first. Keep business cards or portal printouts clipped behind this page for quick reference.



Emergency Contacts

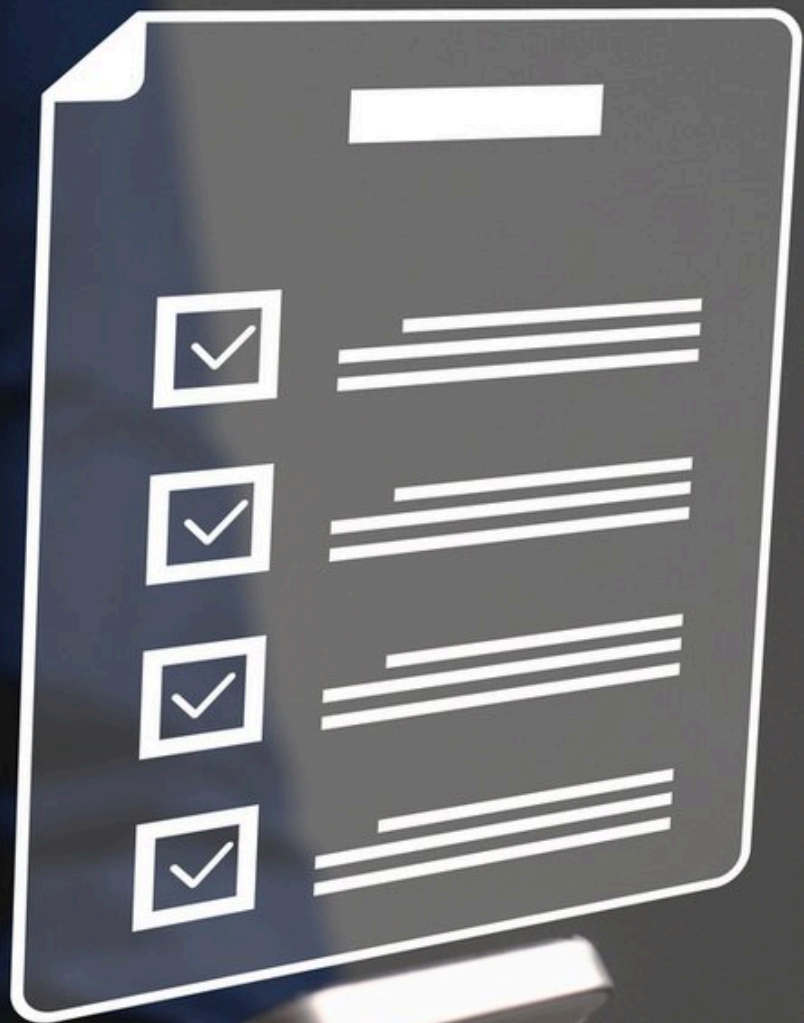
List contacts in the exact order you want them called. Provide relationship labels that guide decision-making authority (e.g., spouse, adult child, healthcare proxy, POA). Include at least one local contact who can arrive within 30–60 minutes. If texting is preferred or voice calls are hard to answer at work, specify that preference. If a contact speaks a different language or has specific availability windows, note that here. When possible, add an alternate number per person.

1. Name:\
Relationship:\
Phone:

2. Name:\
Relationship:\
Phone:

3. Name:\
Relationship:\
Phone:

If the person wears a medical ID bracelet or uses a smartphone Medical ID, ensure the same contacts appear there. For households with security systems or pets, identify a contact who can manage keys, codes, and pet care in case of hospitalization. Rehearse an emergency call script with family members so key information (address, condition, allergies, DNR status) is conveyed quickly and calmly.



Cognitive & Behavioral Notes

These notes help responders avoid triggers and choose supportive communication. Describe common memory challenges (e.g., short-term memory loss, time/place confusion, word-finding difficulty) and specify patterns like sundowning. List triggers that may lead to distress or agitation—such as loud noises, crowded spaces, bright lights, unfamiliar caregivers, or being rushed. Then, add calming strategies that reliably help: music, hand-over-hand guidance, weighted blanket, gentle reassurance, quiet room, or favorite phrases. For communication, state whether to use simple one-step directions, visual cues, a calm tone, and whether to avoid correcting or quizzing. If touch is soothing or conversely overstimulating, indicate that clearly.

Memory Issues (short-term, confusion, etc.):

Triggers (what causes distress or agitation):

Calming Strategies (what helps soothe them):

Communication Tips (e.g., speak slowly, avoid correcting):

If the individual is at risk of wandering, note safe return steps and local registration in community programs. Include any cultural or spiritual considerations that affect care. Finally, add specific de-escalation wording that works (e.g., “We’re safe; we’ll go slowly,” or “Would you like to sit by the window first?”). These cues save time and prevent unnecessary restraint or sedation.



Daily Living Information

Daily routines are powerful stabilizers. Share the person’s typical day so care teams can align hospital or respite routines with home patterns. For mobility, note whether the person walks independently, uses a cane or walker, or requires wheelchair or lift assistance. If there is a fall risk, specify recent falls and any assistive devices. For eating and dietary needs, include preferred textures, choking risks, thickened liquids, allergies, cultural preferences, and diabetes-specific timing. Bathing and dressing notes should outline what the person can do independently versus with cueing or full assistance. Sleep patterns—bedtime, wake time, naps, nighttime wandering—help inpatient teams prevent delirium and agitation.

Mobility (walks independently, uses walker, etc.):

Eating/Dietary Needs:

Bathing/Dressing Assistance:

Sleep Patterns:

If continence products are used, include brand, size, and schedule. Note skin sensitivities and preferred soaps or lotions. Record positioning needs to prevent pressure injuries. If vision or hearing aids are used, describe storage, charging, and cleaning routines so devices aren’t lost during transfers. Add favorite activities (e.g., puzzles, radio shows, faith services) to reduce anxiety in new environments.



Legal & Insurance Information

Emergency teams and hospitals rely on clear authority to make and document decisions. Identify whether a Power of Attorney (POA) or Healthcare Proxy is in place, including names, contact details, and any limits in scope. Keep copies of signed documents with this sheet or provide a link/QR to a secure digital folder. For insurance, record provider names, plan types (Medicare Advantage, PPO, HMO), policy numbers, and group numbers. If prior authorization is often required, note preferred facilities. List secondary insurance if applicable. When privacy is critical, label this page “Confidential” and store it in a sealed envelope within the binder for quick retrieval by authorized persons.

Power of Attorney:

Healthcare Proxy:

Insurance Provider & Policy #:

If an advance directive exists, reference where it’s stored. If organ donation preferences are documented on a driver’s license, make that visible. Include copies of photo ID and insurance cards (front and back) directly behind this page. For complex cases, maintain a brief “Care Summary” note describing baseline function and goals of care so clinicians can align recommendations with the person’s values.



Emergency Instructions

This page tells responders exactly what to do first. Identify the preferred hospital by name and location; if there's a matching health system or physician affiliation, list it to speed triage and access to prior records. Clearly document special instructions such as Do Not Resuscitate (DNR), Do Not Intubate (DNI), or other advance directives. If a POLST/MOLST form exists, note where it's posted (often on the fridge or bedroom door). Add any special handling notes—for example, high fall risk, aspiration risk, oxygen use, seizure precautions, or infection control concerns. Finally, add practical notes for first responders: locked gates, pets on premises, key holders, or elevator codes.

- Preferred Hospital:
- Special Instructions (DNR, advance directives, etc.):
- Important Notes for First Responders:

To reduce decision fatigue during emergencies, use bold or highlighter for critical directives. Keep copies of DNR/DNI or POLST/MOLST in the same sleeve as this page. If the person has a pacemaker or implanted device, record the manufacturer card location. If the individual becomes distressed with sirens or restraints, restate calming strategies here so EMS can adapt their approach while maintaining safety.





RESERVAT AMBULÀNCIES
DE 0 A 24 H.
SERVEIS D'EMERGÈNCIES
MÈDIQUES

AMBULÀNCIA



Generalitat de Catalunya
Departament de Salut

CatSalut
Servei Català
de la Salut

8617

Pro Tips: What Most People Miss

Small logistics decisions make a big difference when seconds matter. Keep multiple synchronized copies and rehearse who grabs what during a 911 call. Maintain a shared digital folder (e.g., cloud drive) with a read-only link for extended family and providers. Use a label on the fridge that reads “Emergency Info Inside” so responders find it fast. Review the sheet after any ER visit, medication change, or new diagnosis. If you travel, carry a wallet card that points to the digital version. Finally, set calendar reminders every 3–6 months to verify contacts, providers, medications, and directives remain accurate.

Keep a printed copy on the fridge (EMS checks there first)

Store a copy in a caregiver binder or folder

Save a digital version on your phone

Update it every 3–6 months.

Consider laminating the front page and using dry-erase overlays for frequently changing items like medication times. If you maintain a pill organizer, print the medication list in duplicate—one for the binder and one stored with the organizer. For technology-forward households, generate a QR code linking to a secure PDF and place it on the fridge, near the bed, and beside the main entrance. Confirm that all family members know how to access the digital file offline. With these simple practices, your Emergency Information Sheet becomes a living, dependable tool that keeps everyone aligned when urgency is high.

Weekly planner

ВРЕМЯ	ПРЕДМЕТ	Segunda Terça		Quarta Quinta		Sexta	
		ПОНЕДЕЛЬНИК	ВТОРНИК	СРЕДА	ЧЕТВЕРТ	ПЯТНИЦА	САББОТ
8:30-9:15	АДГО 4	Hist 2	CM 2	POK 1	POK 1		
9:15-10:00	PP 3	Hist 2	CM 2	POK 1	POK 1		
10:15-11:00	Угоп 2	HAT	CM 2	POK 1	POK 1		
11:00-11:45	Гдоп 5	COAD	CM 2	POK 1	POK 1		
12:00-12:45	Гдоп 5	COAD	CM 2	POK 1	POK 1		
12:45-13:30	Мано 3	CM 2	HIST	FR 1	FR 1		
13:45-14:30	Пруп 3	FR 1	EMAC	EF 1	EF 1		
14:45-15:30	Пруп 3	FR 1	EMAC	EF 1	EF 1		
15:30-16:15	Пруп 3	FR 1	EMAC	EF 1	EF 1		
16:30-17:15	Кор 4	FR 1	EMAC	EF 1	EF 1		
17:15-18:00	Кор 4	FR 1	EMAC	EF 1	EF 1		

ВРЕМЯ	СПЕЦИАЛИЗАЦИЯ	СПЕЦИАЛИЗАЦИЯ
9:00-10:00		
10:00-11:00		
11:00-12:00		
13:00-14:00		
14:00-15:00		
15:00-16:00		
16:00-17:00		
17:00-18:00		

ПРАЗДНИКИ И КАНИКУЛЫ
Праздники: 21.01.2020 - 22.01.2020
Рождество: 23.12.2019 - 24.12.2019
Канунки: 27.03.2020 - 28.03.2020
Праздники: 05.04.2020 - 06.04.2020
Праздники: 20.04.2020 - 21.04.2020
Праздники: 01.05.2020 - 02.05.2020
Праздники: 03.05.2020 - 04.05.2020

3 мая 2020 года

Уч: Математика, Алгебра, Геометрия

Уч: История, География, Биология

Уч: Физика, Химия, Информатика

Уч: Музыка, Искусство, Спорт

- АИЛ
- 1) ...
 - 2) ...
 - 3) ...
 - 4) ...
 - 5) ...
 - 6) ...
 - 7) ...
 - 8) ...
 - 9) ...
 - 10) ...

КАНИКУЛЫ									
1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30

MONTHLY	ПН	ВТ	СР	ЧТ	ПТ	СБ	ВС
31 Март	X	X	X	X	X	X	X
1	X	X	X	X	X	X	X
2	X	X	X	X	X	X	X
3	X	X	X	X	X	X	X
4	X	X	X	X	X	X	X
5	X	X	X	X	X	X	X
6	X	X	X	X	X	X	X
7	X	X	X	X	X	X	X
8	X	X	X	X	X	X	X
9	X	X	X	X	X	X	X
10	X	X	X	X	X	X	X
11	X	X	X	X	X	X	X
12	X	X	X	X	X	X	X
13	X	X	X	X	X	X	X
14	X	X	X	X	X	X	X
15	X	X	X	X	X	X	X
16	X	X	X	X	X	X	X
17	X	X	X	X	X	X	X
18	X	X	X	X	X	X	X
19	X	X	X	X	X	X	X
20	X	X	X	X	X	X	X
21	X	X	X	X	X	X	X
22	X	X	X	X	X	X	X
23	X	X	X	X	X	X	X
24	X	X	X	X	X	X	X
25	X	X	X	X	X	X	X
26	X	X	X	X	X	X	X
27	X	X	X	X	X	X	X
28	X	X	X	X	X	X	X
29	X	X	X	X	X	X	X
30	X	X	X	X	X	X	X