

CUT ALONG THE WHITE DOTTED LINE ✂

# EMERGENCY



## EMERGENCY CONTACTS

Name:

Phone #:

Name:

Phone #:

☎ Emergency Assistance: 911 ☎ Suicide or Emotional Distress: 988

## PRIMARY PHYSICIAN

Name:

Phone #:

## PREFERRED HOSPITAL

Name:

Phone #:

Address:

## EMERGENCY INFORMATION

Health Insurance Provider:

Phone #:

ID #:

Life Insurance Company:

Phone #:

Policy #:

Note:

[SecureMyLegacy.com](https://www.securemylegacy.com)

USE DOUBLE-SIDED TAPE OR MAGNET TO POST WHERE NEEDED  
(e.g., Refrigerator, Cabinet)

CONSIDER PRINTING ON A CARDSTOCK SHEET

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