In Case of Emergency

I am able to:

- ☐ Hear
- ☐ See
- ☐ Walk without help
- ☐ Walk with help
- ☐ Prepare my meals
- ☐ Dress myself
- ☐ Feed myself
- ☐ Sit without help
- ☐ Sit with help
- ☐ I will need specific help with (explain): _____
- ☐ Bathe with help
- ☐ Bathe without help
- ☐ Address sanitary needs without help
- ☐ Address sanitary needs with help

Medications

Name of medication: _____
Prescription #: _____
Purpose: _____

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Prescription #: _____
Purpose: _____

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Purpose: _____

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Prescription #: _____
Purpose: _____

Name of medication: _____
Prescription #: _____
Purpose: _____

Name of medication: _____
Prescription #: _____
Purpose: _____

Personal Support Network Contact List:

Name: _____
Relation: _____
Address: _____
Phone: _____

Name: _____
Relation: _____
Address: _____
Phone: _____

Name: _____
Relation: _____
Address: _____
Phone: _____

Name: _____
Relation: _____
Address: _____
Phone: _____